Alachua County Health Department

Alachua County

Health Status Assessment

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Alachua County Community Health Status Assessment

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CHAPTER 1: DESCRIPTION OF COUNTY

The demographic characteristics of Alachua County and the State of Florida are displayed in Table 1-1. The population of Alachua County in 2010 was 247,336 individuals. The population is growing and expected to reach 300,000 in the mid 2020s. About 18% of residents are 17 years of age or younger and about 11% are age 65 or older. The 15–24 year-old age group is the largest segment of the population, accounting for 26.3% of the population, with the 25–44 year-old group following closely behind with 25.3% of the population. Alachua County is younger than the rest of Florida, due in great part to the presence of the University of Florida and Santa Fe College.

Almost 70% of the population is white, about 20% is black and over 5% are Asian. Almost 2% are other races and 2.6% are more than one race. About 8% of Alachua County residents are Hispanic. Alachua County, therefore, is more racially and less ethnically diverse than the rest of Florida where the population is 16% black and 22.5% Hispanic.

Over 51% of Alachua County residents are female and over 58% live in incorporated areas. A higher proportion of Alachua County residents live in incorporated areas than the state as a whole.

Table 1-1: Select Demographic Characteristics, Alachua County and Florida, 2010

Characteristics	Alachua County		Florida
	Number	Percent	Percent
Population Projections[1]			
Total Population	247,336	100.0	-
2015	272,387	100.0	-
2020	289,833	100.0	-
2030	323,373	100.0	-
Age Group			
0-4 years	13,068	5.3	5.7
5-9 years	11,739	4.7	5.7
10-14 years	11,669	4.7	6.0
15-24 years	65,104	26.3	13.1
25-44 years	62,488	25.3	25.1
45-64 years	56,641	22.9	27.0
65+ years	26,627	10.8	17.3
0-17 years	44,285	17.9	21.3
18-64 years	176,424	71.3	61.4
75+ years	12,047	4.9	8.1
85+ years	3,672	1.5	2.3
Race			
Asian	13,235	5.4	2.4
American Indian and Alaska Native	772	0.3	0.4
Native Hawaiian and Other Pacific Islander	134	0.1	0.1
Black	50,282	20.3	16.0
White	172,156	69.6	75.0
More than 1 race	6,546	2.6	2.5
Other	4,211	1.7	3.6
Ethnicity			
Hispanic	20,752	8.4	22.5
Non-Hispanic	226,584	91.6	77.5
Gender			
Female	127,550	51.6	51.1
Male	119,786	48.4	48.9
Incorporation Status (2009)[1]			
Incorporated	148,972	58.1	50.8
Unincorporated	107,260	41.9	49.2

Source: Population Projections and Incorporated and Unincorporated Estimates: Bureau of Economic Business Resources: University of Florida, Florida Estimates of Population, 2009; Florida Population Studies, 2009-2030. Total Population, Age Group, Race, Ethnicity, and Gender Source is the U.S. Census Bureau, 2010.

[1]The incorporated/unincorporated estimates are for 2009 actually add up to a number slightly greater than the 2010 total population. This difference is due to the different data sources and their methods of estimation.

SOCIO-ECONOMIC CHARACTERISTICS

Socio-economic status is inextricably linked to health outcomes. This section reviews some key indicators related to income, employment and education of Alachua County residents. Table 1-2 describes the income status of individuals, families and households. Almost 27% of the residents in Alachua County live below the federal poverty level (FPL). Only about 56% of residents have incomes above 200% of the FPL. Almost 23% of all household incomes are below

poverty. More than half (52%) of children live below 200% of poverty and almost 30% live below 100% of poverty. The median income is $40,358 and the average per capita income is $22,976.

Table 1-2: Selected Socioeconomic Characteristics, Alachua County and Florida, 2010

Characteristics	Alachua County		Florida
	Estimated Number	Percent	Percent
Poverty Estimates[1]			
Total Residents	247,336	-	-
Individuals <100%	66,432	26.9	16.5
Individuals 100-149%	20,144	8.1	10.6
Individuals 150-199%	21,403	8.7	10.4
Individuals >200%	139,357	56.3	62.4
Households	93,820	-	-
Households < 100%	21,450	22.9	14.9
Families by income	51,380	-	-
Families <100%	7,342	14.3	12.0
Families 100-149%	3,146	6.1	8.7
Families 150-199%	3,866	7.5	9.5
Families >200%	37,026	72.1	69.8
Children 0-18	43,956	-	-
Children <100%	13,042	29.7	23.5
Children 100-199%	8,060	18.3	24.7
Children <200%	22,854	52.0	51.8
Income Levels			
Average Income household incomes ($)	58,204	NA	61,877.0
Median Income household ($)	40,358	NA	44,409.0
Per Capita Income ($)	22,976	NA	24,272.0
Elementary school children eligible for free or reduced lunch (2009)[2]	-	55.4	59.0
Middle school children eligible for free/reduced lunch (2009)[2]	-	47.2	54.4

Source: U.S. Census Bureau, 2010 American Community Survey Data provided courtesy of WellFlorida Council.
[1]Percents refer to Federal Poverty Level (FPL).
[2]www.FloridaCHARTS.com

Almost all financial indicators for Alachua County residents are much worse than for the state as a whole. The percentage of Alachua County residents living at or below the federal poverty level is 63% higher than the state rate and there are 54% more households living in poverty. The University of Florida (UF) student population may represent a large group of low income residents who do not experience the typical stressors of a low income population. The effect of this population on the income profile of the county is difficult to assess. The 2010 Alachua County Health Needs Assessment attempted to determine the impact of UF students on poverty status of the county by displaying county income data by ZIP code and overlaying it with data describing student residency. The density of UF students and poverty by ZIP Code is shown in Figure 1. An inspection of the data clearly shows that the high level of poverty is not

simply a by-product of the presence of a large student body. Most of the areas of high poverty are not associated with the presence of college students.

Figure 1:

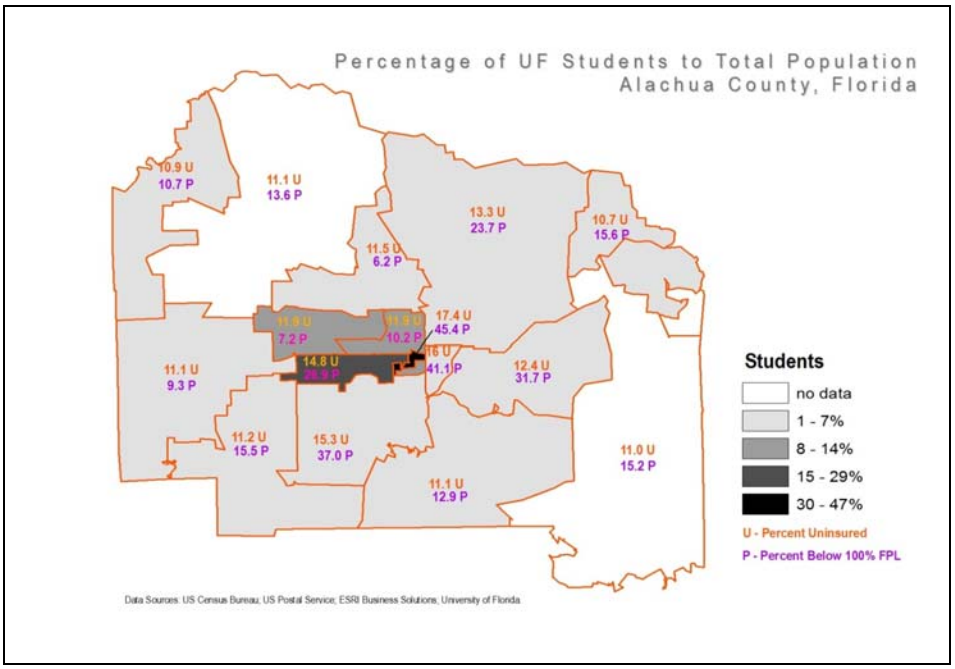


Table 1-3 shows the employment and educational status of Alachua County residents. Employment status is important because it provides household revenue and frequently helps to provide access to health insurance. In 2011, the unemployment rate was less than 8%, which was better than the state rate. Over 86% of employed individuals worked in a business that had fewer than 20 employees, while almost 12% worked for employers with 20-99 employees.

Alachua County residents are better educated than the state as a whole. Less than 10% of adults who are 25 or older have less than a high school degree, almost 21% have a high school degree or the equivalent and almost 70% have at least some college education.

Table 1-3: Employment and Education

Characteristics	Alachua County		Florida
	Estimated Number	Percent	Percent
Employment			
Unemployed (2011)	10,247	7.8	10.6
Total Business (2009)	5,794	-	-
Businesses < 20 Employees (2009)*	5,003	86.3	88.9
Businesses 20-99 Employees (2009)*	676	11.7	9.2
Businesses 100+ Employees (2009)*	115	2.0	1.9
Educational Attainment			
Civilian Non-institutionalized population 25 years and older	143,020	-	-
Less than high school graduate	13,942	9.7	14.2
High school graduate, GED, or alternative	29,912	20.9	29.9
Some college or Associate's degree	40,888	28.6	29.9
Bachelor's degree or higher	58,278	40.7	26.1

Source: U.S. Census Bureau, 2010 American Community Survey Data; 2009 County Business Profiles; Florida Research and Economics Database, http://fred.labormarketinfo.com/default.asp, February 8, 2012. Analysis provided by WellFlorida Council.

The socio-economic indicators of Alachua County present a mixed picture, which reflect to a great extent the presence of the University of Florida. The county is younger than the rest of the state with a lower proportion of seniors and a large group of young adults (15–24 year-olds). Compared to the State of Florida, the population is relatively well educated and a higher percent is employed. Alachua County has proportionately fewer Hispanic residents and more African Americans. The income status is lower than the rest of the state. The available income data suggest a county in which a substantial percent of the indigenous population is poor. The health data reviewed in subsequent sections of this health profile confirm that the county has issues consistent with a culture of poverty.

CHAPTER 2: ACCESS TO CARE AND UTILIZATION OF HEALTH CARE SERVICES

During a series of subcommittee meetings, the Community Health Improvement Planning Steering Committee emphasized the importance of defining Heath Care as including medical, dental and behavioral health services. They further emphasized that the concept of access should include not only eligibility for services, for example having a third party payer, but that participation in services be unencumbered by other barriers. Barriers might include high co-pays, lack of transportation or lack of cultural competence.

Describing issues of access and utilization of care involves using multiple indicators that provide insight into the issues of whether people are obtaining needed care, what barriers may exist to obtaining care and how residents are using the available health care resources. In order to address issues of access and utilization of services, this assessment reviewed data on insurance coverage, surveys of residents about their experiences and data describing use of hospital services.

Insurance coverage is an important factor in addressing access to care. The term "insured" is often interpreted as being synonymous with access to care. Although having a third party payer does not guarantee access to care, having a third party payer does have several advantages. These include a reduced payment for services rendered and a network of providers who agree to provide the covered care. Although addressing a key barrier to care, it cannot be assumed that insured individuals can or do access necessary health care. Many third party payers cover medical services but do not include any or adequate dental and/or behavioral health services.

Technical Notes: Terms used in this Chapter that are defined or explained in the technical notes at the end are underlined the first time they are used.

INSURANCE COVERAGE

Insurance coverage may be available through an employer, purchased from the private sector or available through a government program such as Medicaid or Medicare. Because Medicare is available to most people who are 65 or older, population studies of insurance include people who are younger than 65. Medicare offers relatively comprehensive medical care and mental health services for a modest monthly fee. The plan includes deductibles and co-pays and, for an additional fee, pharmacy benefits. Financial assistance is available for very low income seniors. Medicare does not offer any dental benefits. Some Medicare participants are eligible for reasons other than age, such as end stage renal disease.

Medicaid offers a comprehensive package of benefits for children. Although the rates are low compared to other payers, many pediatric medical and behavioral health providers will accept Medicaid beneficiaries. Medicaid benefits for children's dental care are relatively comprehensive but the payment rates have been very low, which has made the services unavailable to many children. The Medicaid benefit package for adult dental care includes only extractions and dentures, which is compounded by very low reimbursement rates, making Medicaid benefits for adults negligible.

Healthy Kids provides Medicaid-like coverage to children whose family's income is above the Medicaid criteria but below 200% of poverty. The Healthy Kids services are offered through managed care organizations which negotiate rates with providers and are responsible for establishing a provider network that accepts enrolled children.

Table 2-1 displays a description of uninsured individuals by age, which was published in the 2009 Census Bureau's Small Area Health Insurance Estimates (SAHIE). The Census Bureau estimated that 20% of Alachua County citizens younger than 65 were uninsured. Although this is better than the state rate of almost 25%, it means that about 42,000 individuals in Alachua County are without a third party payer for medical coverage. The percent of uninsured individuals varies by age. Only 12.5% of residents younger than 19 are uninsured, 16% of 40-64 year olds are uninsured and about 22% of 18-64 year olds are uninsured. By extrapolation, it appears that adults between 19 and 39 years old are more likely than those aged 40 to 64 years to be uninsured. Perhaps they are either less likely to be employed or are employed in jobs that do not include affordable health insurance as a benefit.

Table 2-1: Number and Percent Uninsured by Age Groups for All Income Levels, Alachua County and Florida, 2009

Age Group	Alachua County			Florida
	Number of Uninsured	MOE[1] for Number Uninsured	Percent Uninsured in Age Group for all income levels	Percent Uninsured in Age Group for all income levels
Under 65 years of age	41,994	3,001	20.0	24.9
18-64 years of age	37,037	2,850	22.2	28.6
40-64 years of age	10,216	953	16.0	22.5
Under 19 years of age	6,197	1,081	12.5	15.3

Source: U.S. Census Bureau Small Area Health Insurance Estimates, State and County by Demographic and Income Characteristics, 2009. http://www.census.gov/did/www/sahie/data/2009/tables.html> Path: All Counties by State; Florida; At or Below 200% Poverty; Under 19 years.

[1]Data are based on a sample and are subject to sampling variability. A margin of error (MOE) is a measure of an estimate's variability. The larger the margin of error is in relation to the size of the estimate, the less reliable the estimate. The 90 percent confidence interval is formed when this number is added to and subtracted from the estimate.

The uninsured rate also varies by income. Table 2-2 displays Census data for 2009 by age and income. It shows the proportion of individuals with incomes at or below 200% or 138% of the Federal Poverty Level (FPL) that lack health insurance. Almost 32% of all individuals with incomes at or below 200% of FPL are uninsured. Among those between 18 and 64 years of age with incomes below 200%, 35.5% are uninsured. About 20% of those younger than 19 are uninsured. Although the rate of uninsured individuals for those with incomes below 200% is lower for Alachua County than the state rate in all categories, most individuals under age 19 with incomes below 200% are eligible for free or reduced cost insurance though KidCare. The SAHIE suggests an estimated 4,297 children (±960) are eligible for insurance benefits through the Healthy Kids Program but are not enrolled.

It is interesting to note that the percent uninsured with incomes below 138% of poverty are similar to those for the number under 200% of poverty. This is the case for both the state and the county.

Table 2-2: Percent of Uninsured People by Income and Age Group Civilian Non Institutionalized Population for whom Poverty Status is Determined (2009)

Age Group	Uninsured Persons ≤ 138% FPL				Uninsured Persons ≤ 200% FPL			
	Alachua County		Florida		Alachua County		Florida	
	Percent	MOE[1]	Percent	MOE[1]	Percent	MOE[1]	Percent	MOE[1]
Under 65 years of age	32.0	3.3	40.2	0.6	31.7	2.8	39.2	0.5
Under 19 years of age	20.7	5.1	21.9	0.9	20.2	4.2	21.8	0.8
Age 18-64	35.6	4.0	50.5	0.8	35.5	3.3	48.3	0.6

Source: US Census Bureau 2009 Small Area Health Insurance Estimates.

[1]Data are based on a sample and are subject to sampling variability.
A margin of error (MOE) is a measure of an estimate's variability.
The larger the margin of error is in relation to the size of the estimate, the less reliable the estimate.
The 90 percent confidence interval is formed when this number is added to and subtracted from the estimate.

SURVEYS

Behavioral Risk Factor Surveillance System (BRFSS)

Alachua County residents were surveyed by telephone about issues related to access to care. The Florida Department of Health participates in a national program called the Behavioral Risk Factor Surveillance System (BRFSS). County level data were collected in 2002, 2007 and 2010. In 2010, over 500 adults were surveyed about issues related to access to medical and dental care. The results for Alachua County residents over time and the comparison to the state average in 2010 are shown in Table 2-3.

The percent of adults who report they have a doctor has increased during the time period; in 2010, over 82% of adults said they had a personal doctor. The percent of adults who reported they could not see a doctor because of cost remained the same between 2007 and 2010, at close to 12%, which is lower than the state rate of over 17%. In 2010, 57% of Alachua County residents reported having had a check up in the last year, which was lower than the state rate of almost 70%.

The BRFSS surveys included questions about access to dental care. The data suggest that between 2002 and 2010, dental care has become less available. The percent of adults that visited a dentist and the percent that had their teeth cleaned in the last year have both decreased. The percent that have lost one or more teeth to decay or disease has increased.

Table 2-3: Selected BRFSS Indicators, Alachua County and Florida, 2002, 2007 and 2010

Indicator	Alachua County			Florida
	2002	2007	2010	2010
Percentage of adults who have a personal doctor	71.1	73.3	82.1	81.7
Percentage of adults who could not see a doctor at least once in the past year due to cost	n/a	11.6	11.7	17.3
Percentage of adults who had a medical check up in the past year	n/a	69.0	56.8	69.7
Percentage of adults who visited a dentist or dental clinic in the past year	74.1	74.1	65.9	64.7
Percentage of adults who had a permanent tooth removed because of tooth decay or gum disease	38.1	n/a[1]	41.9	53.0
Percentage of adults who had their teeth cleaned in the past year	73.7	73.7	58.7	60.9

Source: Florida Dept of Health, Division of Disease Control, Bureau of Epidemiology, Chronic Disease Epidemiology Section, 2002, 2007, 2010. Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report. www.FloridaCHARTS.com.
Question in 2002 was worded differently but queried the same information. 'n/a' means 'not available'.

Local Surveys

As part of the data collection for the 2010 Alachua County Health Needs Assessment, a phone survey was conducted with 400 households. The sample was designed to be representative of Alachua County. However, the sampling methodology used land lines, which potentially reached fewer minorities, uninsured residents and a greater population of educated residents than is representative of the county as a whole. The questions included issues related to difficulty paying for care. The results from this series of questions are shown in Table 2-4. Over 8% of people who felt they needed mental health counseling (N=86) did not get it because of cost, while over 6% did not get dental care and almost 3% did not get routine medical care due to the cost. Many respondents who did receive services indicated difficulty paying for them. Over 12% reported it was "very difficult" to pay for routine medical and dental care and 7% reported it was "very difficult" to pay for mental health services. When asked to identify the major problems among Alachua County residents, 13.5% said paying for or getting dental care, 12% said paying for or getting health insurance, 8.5% said affording routine medical, dental or mental health services, and 6.0% said paying for prescriptions.

Table 2-4: Difficulty in Paying for Health Care Costs during the Past Year (Percent)

Health Care Costs	Easy/Very Easy	A Little Difficult	Very Difficult	So Difficult I/We Did Not Get Care
For Routine Medical Care (N=367)	65.1	19.9	12.3	2.7
For Dental Care (N=368)	59.3	22.3	12.2	6.3
For Routine Mental/Behavioral Care (N=86)	68.6	16.3	7.0	8.1

Source: Community Telephone Survey: Alachua County Health Needs Assessment 2009-10.

USE OF HOSPITAL SERVICES

Data describing utilization of hospital services provides insight into the effectiveness of community health systems and practices. A review of hospital services provides useful information on the payer source and condition suffered by patients who are admitted for in-

patient care. Data describing use of hospital emergency rooms may help to understand issues related to available out-patient primary care.

In-patient hospital services

Table 2-5 displays data on hospital discharges for 2010 for Alachua County residents. (Note: underlines words are defined in the technical section at the end of the chapter.) There were about 28,000 total discharges, which is about 112 per 1,000 residents. This rate is lower than the state rate of 134.5 per 1,000. The payer profile of the patients who were hospitalized is as follows: 38.1% Medicare, 30.5% private insurance, 21% Medicaid and 6.9% self pay. Although Medicare pays for the largest percent of hospital stays, the percent of hospital stays paid by Medicare for Alachua's residents is lower than the state, which may be a reflection of the County's younger population. This age disparity may also be reflected in the lower overall rate of hospitalizations among Alachua residents.

Among Alachua County residents younger than 65, 2,679 (9.6%) of all hospitalizations were avoidable. The largest number of avoidable hospitalizations were those covered by Medicaid (32.4%) followed by private payers (29.4%), then Medicare enrollees who were younger than 65 years old (20.5%) and lastly, the uninsured (14.6%).

The percent of avoidable hospitalizations among Alachua County residents (9.6%) was higher than the state rate of 8.6%, but the rate of avoidable hospitalizations per 1000 individuals younger than 65 is lower in Alachua County than the state rate of 14.0.

Table 2-5: Number and Percent of Various Hospital Utilization by Payer Source, Alachua County and Florida, 2008-2010

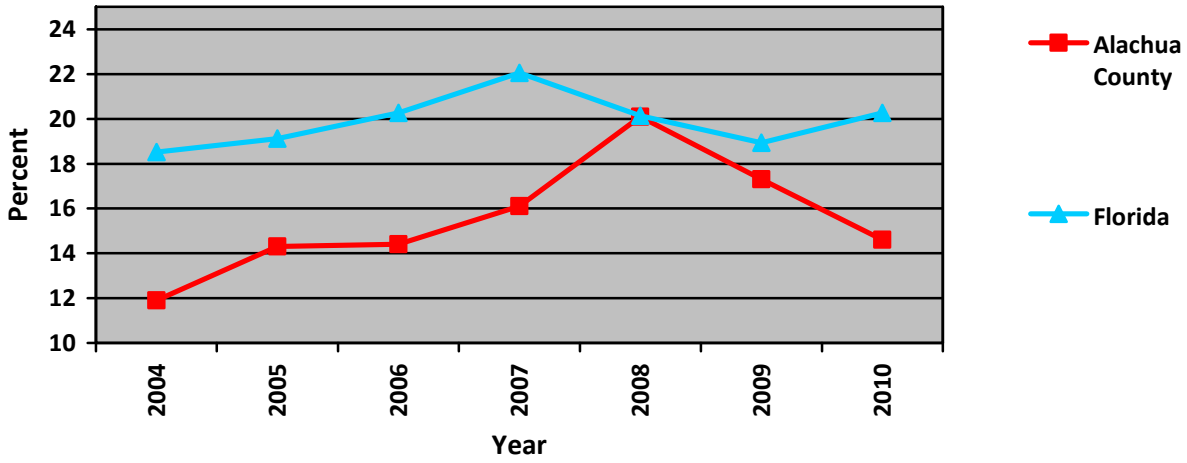
Hospital Utilization Characteristics	Alachua County	Florida
Number of Hospital Discharges (2010)[1]	27,963	2,544,957
Hospital Rate Per 1,000 Population (2010) [1]	112.4	134.5
Percent of Total Hospital Discharges- Private Insurance (2010) [1]	30.5	23.9
Percent of Total Hospital Discharges- Medicare (2010) [1]	38.1	43.9
Percent of Total Hospital Discharges-Medicaid (2010) [1]	21.3	20.6
Percent of Total Hospital Discharges- Self Pay/Non Payment (2010) [1]	6.9	7.8
Number of Avoidable Hospitalizations (2010)[2]	2,679	219,208
Percent of Total Hospital Discharges Comprised of Avoidable Hospitalizations (2010)[2]	9.6	8.6
Avoidable Hospitalizations, Rate Per 1,000 Population 0-64 years of age (2008-2010)[2]	12.2	14.0
Percent of Avoidable Hospitalizations- Private Insurance (2010)[2]	29.4	27.9
Percent of Avoidable Hospitalizations- Medicaid (2010)[2]	32.4	30.5
Percent of Avoidable Hospitalizations- Self Pay/Non Payment (2010)[2]	14.6	17.1
Percent of Avoidable Hospitalizations- Non elderly Medicare (2010)[2]	20.5	14.5
Number of Avoidable ED Visits (2008-2010)[2]	84,601	8,881,884
Avoidable ED Visit, Rate Per 1,000 Population (2008-2010)[2]	114.4	155.7

Source: [1]Florida Agency for Health Care Administration, Detailed Discharge Data, 2008-2010: ESRI Business Solutions, 2010.
[2]Broward Regional Health Planning Council, http://healthdata.brhpc.org/Default.aspx?pid=nyualgo, February 10, 2012; ESRI Business Solutions, 2008-2010. Provided by WellFlorida Council.

The uninsured population (2009 data) represents 20% of Alachua County residents who are younger than 65 but account for less than 7% of the total hospital discharges and less than 15%

of avoidable hospitalizations (hospital data from 2010). (Table 2-1) The percent of avoidable hospitalizations that were self pay rose between 2004 and 2008 and then showed a sharp decline in 2009 and 2010. The trend for the percent of self pay avoidable hospitalizations for Alachua County residents compared to the state rate is shown in Figure 2-1.

Figure 2-1: Percent Avoidable Hospitalizations that Are Self Pay/Charity



Source: Florida Agency for Health Care Administration Detailed Discharge Data. Provided by WellFlorida Council.

Table 2-6 displays the 10 top reasons for avoidable hospitalizations for individuals younger than 65 who were discharged between 2007 and 2010. Dehydration accounts for the largest percent of hospital stays (33.3%) followed by cellulitis, which is responsible for 14.3% of the hospitalizations. These are followed by congestive heart failure (10.8%), asthma (9.0%), chronic obstructive pulmonary disease (8.5%), diabetes (6.9%) and kidney/urinary infection (5.7%). The total number of admissions has remained relatively stable over the last three years but has increased steadily for congestive heart failure, diabetes and hypertension.

Table 2-6: Main Reasons for Avoidable Discharges for <65 Years of Age, Alachua County, 2008-2010

Avoidable Reason	Number					Percent of Total
	2007	2008	2009	2010	Total	
Dehydration	804	929	863	860	3456	33.3%
Cellulitis	338	387	386	373	1,484	14.3%
Congestive Heart Failure	257	271	290	301	1,119	10.8%
Asthma	240	239	239	220	938	9.0%
Chronic Obstructive Pulmonary Disease	198	221	235	231	885	8.5%
Diabetes “A” and “B”	156	182	175	200	713	6.9%
Kidney/Urinary Infection	141	147	152	150	590	5.7%
Grand Mal Status and Other Epileptic Convulsions	104	106	142	122	474	4.6%
Hypertension	57	94	83	105	339	3.3%
Total	**2,295**	**2,728**	**2,691**	**2,679**	**10,385**	-

Source: Agency for Health Care Administration Detailed Discharge Data, 2008-2010. Provided by WellFlorida Council.

Emergency room

Table 2-7 displays information about the payer source for the services provided to Alachua County residents in the emergency room (ER) between 2008 and 2010. Between 2008 and 2010, there were 184,268 emergency room visits, or an average of 61,423 each year. Almost 31% of these visits were by individuals who were uninsured, over 28% by privately insured individuals, over 25% were to Medicaid beneficiaries and more than 12% were to Medicare enrollees. The statewide use of ER by payer source differs from Alachua County. Visits by Medicaid beneficiaries represent the largest group (28%), followed by those who have private coverage (25.9%), uninsured (26.1%) and lastly, Medicare (14.9%).

Alachua County's uninsured represent 20% of residents, but 30% of the ER visits. The state population is about 25% uninsured and account for about 26% of the ER visits. In Alachua County there are more ER visits by privately insured individuals than the Medicaid population, while in the state the opposite is true.

Table 2-7: Number and Percent of Emergency Department Visits by Payer Source, Alachua County and Florida, Calendar Years 2008-2010

Payer Source	2008	2009	2010	2008-10	
	Number	Number	Number	Number	Percent
Alachua County					
Medicare	7,294	7,227	8,246	22,767	12.4%
Medicaid	13,135	15,150	18,501	46,786	25.4%
Private	17,358	16,692	18,216	52,266	28.4%
VA/TriCare	528	478	648	1,654	0.9%
Self Pay/Non Payment	19,939	20,420	16,235	56,594	30.7%
All Other	969	929	2,303	4,201	2.3%
Total	**59,223**	**60,896**	**64,149**	**184,268**	-
Florida					
Medicare	836,426	892,606	975,871	2,704,903	14.9%
Medicaid	1,350,498	1,743,522	1,981,455	5,075,475	28.0%
Private	1,629,408	1,635,471	1,420,152	4,685,031	25.9%
VA/TriCare	93,456	101,527	102,386	297,369	1.6%
Self Pay/Non Payment	1,546,720	1,636,798	1,541,913	4,725,431	26.1%
All Others	188,231	182,679	241,003	611,913	3.4%
Total	**5,644,739**	**6,192,603**	**6,262,780**	**18,100,122**	-

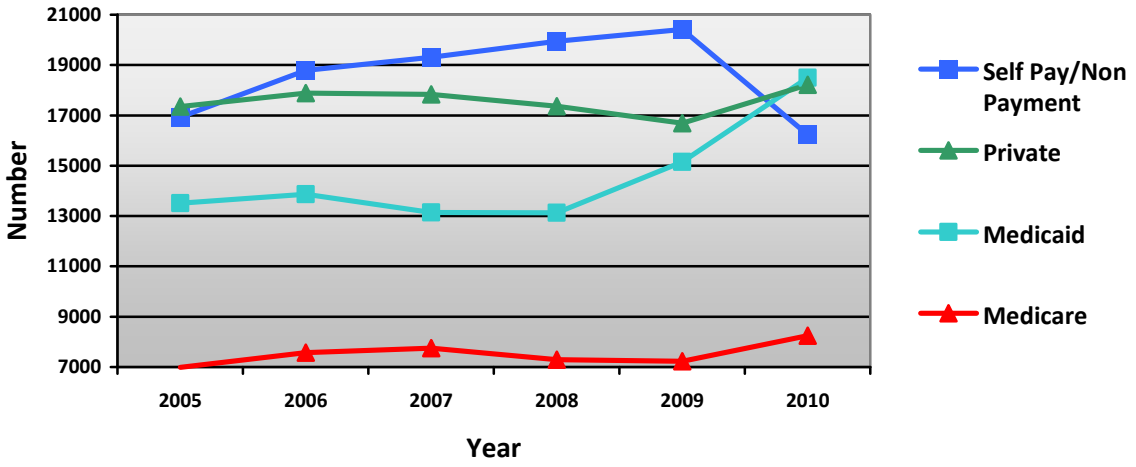
Source: Agency for Health Care Administration Detailed Discharge Data, 2008-2010. Provided by WellFlorida Council.

The number of visits to the ER during 2007-2010 by Alachua County residents is shown in Figure 2-2. Between 2008 and 2010, there was a dramatic increase in ER use among Alachua County's Medicaid beneficiaries. That trend mirrors a similar statewide increase of ER use by Medicaid beneficiaries during the same period.

An interesting observation in the trended data is the use of ER services among the uninsured. The number of ER visits in this group increased between 2005 and 2009 but dropped precipitously in 2010. The number of ER visits among uninsured individuals decreased 20.5% between 2009 and 2010. Use of the ER across the state followed a similar pattern but the statewide decrease among ER use between 2009 and 2010 was only 5.8%. Possible impacts on

the ER use in Alachua County may be attributed to new services for the uninsured that began around 2010. In September 2009, the Health Department began an evening and weekend walk-in clinic that provided urgent care and accepted uninsured residents. Also, the mobile healthcare unit began services in January 2010.

Figure 2-2 Number of ER Visits by Payer Alachua County Residents 2005-10



Source: Agency for Health Care Administration Detailed Discharge Data, 2008-2010. Provided by WellFlorida Council.

The most common reasons for visiting the ER between 2008 and 2010 are shown in Table 2-8. The most frequent reasons for use of ER include: abdominal pain (6.7%), chest pain (4.3%) pain in a limb (3.9%), headache (3.5%), fever (3.4%) and coughs (2.8%).

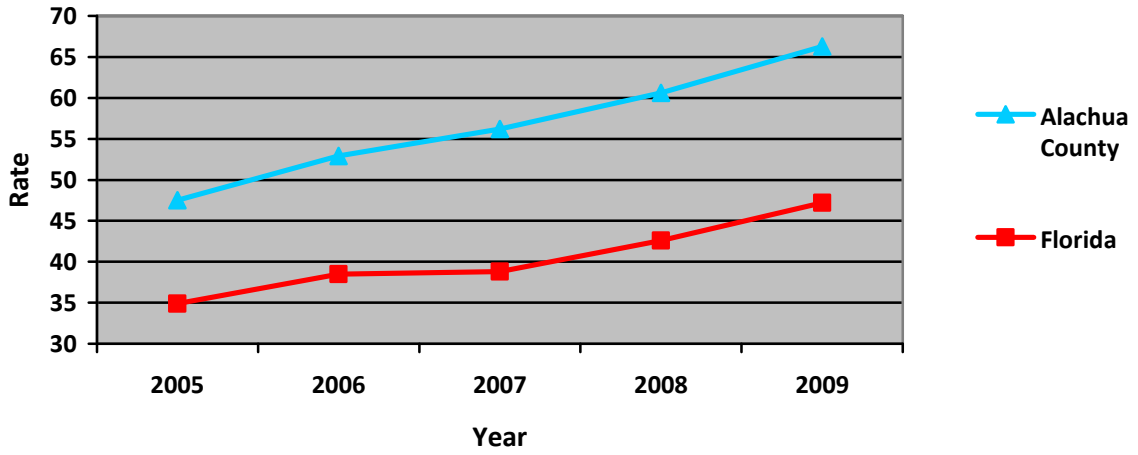
Table 2-8: Number and Percent of the Main Reason for Emergency Department Visit by Year, Alachua County, 2008-2010.

Reason for Visit	Number				Percent
	2008	2009	2010	Total	Total
Abdominal Pain	4,218	3,688	4,466	12,372	6.7
Chest Pain, Unspecified	2,292	2,415	3,282	7,989	4.3
Pain in Limb	2,457	2,424	2,259	7,140	3.9
Headache	2,060	2,075	2,303	6,438	3.5
Fever, Unspecified	1,536	2,601	2,091	6,228	3.4
Cough	1,639	1,997	1,455	5,091	2.8
Injury, Other and Unspecified- Knee, Leg, Ankle, and Foot	1,453	1,688	1,662	4,803	2.6
Backache, Unspecified	1,546	1,583	-	3,129	1.7
Unspecified Disorder of the Teeth and Supporting Structures	1,465	-	1,508	2,973	1.6
No Reason Code Listed	-	-	1,508	1,508	0.8
Head Injury, Unspecified	-	1,494	-	1,494	0.8
All Others	40,557	40,931	43,615	125,103	67.9
Total	59,223	60,896	64,149	184,268	-

Source: Agency for Health Care Administration Emergency Department Data, 2008-2010. Provided by WellFlorida Council.

The rate of ER visits for mental health reasons among Alachua County residents and the state between 2004 and 2009 is shown in Figure 2-3**.** The rate for Alachua County residents has steadily increased over the last five years. The rate has gone from 46.6 per 1,000 residents in 2004 to 66.3 per 1,000 in 2009, an increase of 42.3 %. The state rate follows a similar trend but Alachua's rate is consistently much higher than the state's.

Figure 2-3: Rate of Emergency Department Visits per 1,000 Population for Mental Health Reasons



Source: ACHA Emergency Department Data, 2005-2009; ESRI Business Solutions, 2005-2009. Provided by WellFlorida Council.

Avoidable ER Use

Table 2-5 includes data summarizing the avoidable use of ER services. Alachua County residents used the ER 84,610 times between 2008 and 2010 for care that is defined as avoidable. This accounted for about 46% of all the visits and represents a rate of 114.4 per 1,000.

The Oral Health Coalition of Alachua County estimated avoidable use of ER services for oral health reasons. Data for ER use from 2007 to 2010 were analyzed and Table 2-9 shows the number of visits and charges over the four years. The number of visits was relatively stable over the first three years, but increased in 2010. The total charges and charge per visit steadily increased between 2007 and 2010.

Table 2-9: Emergency Room Visits for Avoidable Dental Conditions 2007-2010

Year	Number of Visits	Mean Charge per Visit	Total Charges
2007	2,118	$542.08	$1.15 million
2008	2,127	$681.57	$1.45 million
2009	2,047	$858.39	$1.76 million
2010	2,258	$1,132.61	$2.56 million

Source: WellFlorida Council. Provided by the Oral Health Plan of Alachua County, FL.

The data describing use of ER services for dental complaints were compared to the state rate. The comparison used data from 2009 and was age-adjusted and included data by race. The comparison is shown in Table 2-10. The rate of ER use among Alachua County residents, 824.3 per 100,000, was higher than the state rate of 738.6. The difference between Alachua and the state rate was attributed to the racial disparity between African Americans and whites.

Table 2-10: Age Adjusted Rate per 100,000 of Use of Emergency Rooms for Dental Conditions, by Race

Area	Total	Race	
		White	Black
Alachua County	824.3	598.2	1,832.7
Florida	738.6	745.2	1,082.1

Source: WellFlorida Council. Provided by the Oral Health Plan of Alachua County, Fl.

SUMMARY

Insurance Status

Twenty percent of all Alachua County residents under the age of 65 are uninsured. The percent that are uninsured varies by income and age. Based on an extrapolation of the data, the highest rate of uninsured individuals is for adults between ages 18-40, and the lowest rate is for those under the age of 19. At all ages, individuals with incomes below 200% FPL are less likely than those with incomes above that threshold to be insured. Based on data included in this assessment, there are an estimated 4,297 children (±960) children in Alachua County who are eligible for low cost or free insurance coverage but are not enrolled. Insurance coverage includes medical care and sometimes, behavioral health services. Most insurance does not include dental services. Kid Care programs include dental coverage but the rates do not ensure access to care.

Survey Results

Two separate surveys of Alachua county residents portray similar results and suggest that access to care is a problem for some residents. In 2010, almost 12% of adults responding to a phone survey said they could not see a doctor in the last year due to their inability to pay. Less than 59% of adults had their teeth cleaned in the last year. Almost 42% of the sample reported they had lost a tooth due to decay or gum disease sometime in the past. In another survey, over 8% of the people who needed behavioral health care said they did not get it because they could not pay for it.

Hospital Services

In 2010, there were 27,936 in-patient hospital stays of which 2,679 were considered avoidable. Among the avoidable hospital stays for people under 65 years old, 32.4% were Medicaid recipients, 29.4% privately insured, 20.5% Medicare beneficiaries and 14.6% uninsured. The percent of avoidable hospitalizations that were uninsured decreased sharply between 2008 and 2010. The total number of avoidable hospitalizations remained relatively stable between 2007 and 2010, but increased steadily for congestive heart failure, diabetes and hypertension.

Between 2008 and 2010, residents made 184,268 visits to the ER. Almost 31% of visits were by uninsured individuals and 84,601 (46%) were considered avoidable. The trends in ER visits between 2005 and 2010 show an increase in the number of total visits to the ER, including a steady increase in visits by Medicaid recipients between 2008 and 2010. The number of visits by the uninsured dropped dramatically between 2009 and 2010. The decrease of more than 20% in one year was coincidental with the availability of an after hours service that accepted uninsured residents.

The incidence of uninsured and hospital in-patient and emergency room use by Alachua County residents are similar or below the comparable state rates. Two notable exceptions are ER use for dental and mental health services. Visits to the ER for dental services has been increasing over the last four years and in 2009, was much higher than the state rate when adjusted for age. The rates also demonstrate a racial disparity in Alachua County. The use of the ER for mental health services has been increasing steadily and has been much higher than the state since at least 2005. In 2009, the incidence of ER visits among Alachua County residents was higher than the state rate.

TECHNICAL NOTES

Hospital Services

The data provided in the Hospital Services section describes the experience of Alachua County residents who use hospital services anywhere in the state, except a Department of Veterans Affairs facility. It does not include hospital care provided in Alachua County to non-residents.

Avoidable Hospital Services

Because emergency department visitations and in-patient hospitalizations are costly, research has helped determine if certain hospitalizations and emergency department visits, and ultimately their costs, are avoidable. The New York University Center for Health and Public Service Research has led the way in this arena and has developed algorithms to estimate both avoidable emergency department visits and in-patient hospitalizations.

For avoidable emergency department utilization, they have developed a model that utilizes emergency department records to classify visits into the following categories: non-emergent, emergency/primary care treatable, and emergent/ER care needed but preventable/avoidable.

Similarly, the researchers have developed an Ambulatory Care Sensitive Condition (ACSC) model to retrospectively use ICD-9/10 (diagnosis) codes in discharge data sets to determine in-patient hospitalizations that could have been avoided with prompt and timely access to primary care.

The oral health coalition used the US Department of Health and Human Services, Agency for Healthcare Research and Quality's criteria for Ambulatory Care Sensitive Conditions to define the avoidable use of ER services for oral health reasons.

ER visits

The data describing ER visits include only visits to the ER that resulted in a “discharge home”. If the individual was admitted to the hospital, the individual is included in the in-patient service data only. All private and public hospitals except Veterans Administration facilities are included in this data base.

CHAPTER 3: HEALTH STATUS

This section includes data on mortality, morbidity and other health outcome indicators. It includes use of technical terms which are explained in the technical notes at the end of this section. If a word is underlined the first time it appears in the Chapter, this is an indication that it is defined in the technical notes.

Technical Notes: Terms used in this Chapter that are defined or explained in the technical notes at the end are underlined the first time they are used.

MORTALITY

Table 3-1 displays the death rates for residents of Alachua County for 2008-2010 compared to state rates. The top 10 causes of death are: cancer, heart disease, unintentional injuries, stroke, chronic lower respiratory disease, Alzheimer's disease, diabetes, kidney disease, suicide and liver disease. Compared to the state, Alachua County's rates are higher for cancer, stroke, diabetes and kidney disease. Mortality rates among Alachua County's African American (AA) community are higher than whites for cancer, heart disease, stroke, diabetes and kidney disease. Mortality is noticeably higher among whites for unintentional injuries, suicide and liver disease.

Table 3-1: Age-Adjusted Death Rates (AADR) for 10 Leading Causes of Death in Alachua County by Race and Hispanic Ethnicity, 2008-2010 (Rates are per 100,000 Population)

Cause of Death	Alachua County				Florida			
	All	Black	White	Hispanic	All	Black	White	Hispanic
All Causes	739.0	952.2	712.7	480.8	660.7	786.4	643.9	548.2
Cancer	181.6	234.4	176.1	110.5	160.2	170.6	158.9	119.3
Heart Disease	144.9	165.6	143.2	98.7	150.8	185.6	146.5	141.1
Unintentional Injuries	40.6	31.5	42.7	6.1	42.7	29.8	45.6	29.3
Stroke	38.4	65.9	33.7	16.7	30.5	50.1	28.2	26.8
Chronic Lower Respiratory Disorder	35	34.3	35.8	5.0	37.7	24.0	39.1	24.0
Alzheimer's Disease	24.3	24.1	24.9	27.2	24.9	57.2	19.8	29.7
Diabetes	24.9	57.2	19.8	29.7	19.6	39.9	17.4	21.3
Kidney Disease	12.7	25.2	10.7	6.3	11.4	24.3	10.0	11.3
Suicide	12.0	1.2	14.9	14.5	13.9	4.5	15.7	8.1
Chronic Liver Disease and Cirrhosis	10.8	7.8	12.1	23.6	10.4	5.5	11.2	8.1

Source: www.FloridaCHARTS.com

Table 3-2 lists the actual number of deaths by cause for each racial/ethnic group in Alachua County. A few observations on the differences in the rank order by race can be made. Among AA, stroke and diabetes are the third and fourth highest causes of death, respectively, but rank

lower, fifth and seventh, in whites. HIV and perinatal conditions are two of the top causes of death among AA, but not in whites. For whites, Alzheimer's disease, suicide and Parkinson's disease are some of the top causes of death, but these causes are not listed in the most common causes of mortality for AA.

Table 3-2: Leading Cause of Death for Racial and Ethnic Groups, Alachua County, 2008-2010

All Races		Black		White		Hispanic	
Cause	**Number of Deaths**	**Cause**	**Number of Deaths**	**Cause**	**Number of Deaths**	**Cause**	**Number of Deaths**
All Causes	5,037	All Causes	1,006	All Causes	3,965	All Causes	126
Cancer	1,214	Cancer	241	Cancer	956	Cancer	30
Heart Disease	634	Heart Disease	96	Heart Disease	531	Heart Disease	16
Unintentional Injury	289	Stroke	63	Unintentional Injury	238	Diabetes	7
Stroke	260	Diabetes	58	Chronic Lower Respiratory Disease	198	Alzheimer's Disease	6
Chronic Lower Respiratory Disease	234	Unintentional Injury	43	Stroke	191	Liver Disease	6
Alzheimer's Disease	168	Chronic Lower Respiratory Disease	35	Alzheimer's Disease	147	Suicide	6
Diabetes	165	HIV	28	Diabetes	107	Stroke	4
Suicide	89	Hypertension	27	Suicide	83	Unintentional Injury	4
Nephritis	86	Nephritis	24	Liver Disease	65	Nephritis	2
Chronic Liver Disease and Cirrhosis	74	Perinatal Conditions	22	Nephritis	60	Homicide	2
		Homicide	19	Parkinson's Disease	58		
				Hypertension	51		

Source: www.FloridaCHARTS.com

Table 3-3 lists the actual number of deaths by age group. Infant deaths are predominantly due to birth related conditions, such as congenital malformations. Youths between the ages of 1 and 17 are most likely to die due to unintentional injuries. The most common cause of death among young adults (18-44) is also unintentional injuries, followed by suicide, cancer, heart disease and homicide. These are followed by HIV, diabetes and flu/pneumonia. Between the ages of 45 and 64, the number of deaths increases more than 300% from the next younger age group. Deaths are predominantly due to chronic disease, although about 10% are from unintentional injury and suicide. Compared to the next younger age group, there are about three times as many deaths among seniors (65+), mainly from chronic diseases. The two main causes of death, cancer and heart disease, begin taking lives early; 20% of deaths among 1-17

year olds are from cancer and heart disease and among seniors, they account for 45% of all deaths.

Table 3-3: Leading Causes of Death by Selected Age Groups, Alachua County, 2008-2010

<1		1-17		18-44		45-64		65+	
Cause	**#**	**Cause**	**#**	**Cause**	**#**	**Cause**	**#**	**Cause**	**#**
Perinatal Conditions	48	Unintentional Injury	10	Unintentional Injury	78	Cancer	374	Cancer	799
Congenital Malformations	12	Heart Diseases	3	Suicide	39	Heart Diseases	169	Heart Diseases	790
Unintentional Injury	5	Cancer	3	Cancer	38	Unintentional Injury	76	Cerebro-vascular Diseases	223
Heart Diseases	2	Anemias	1	Heart Diseases	27	Diabetes	49	Chronic Lower Respiratory Disease	197
Acute Bronchitis & Bronchiolitis	1	Cerebro-vascular Diseases	1	Homicide	18	Chronic Liver Disease & Cirrhosis	45	Alzheimers Disease	165
Cerebro-vascular Diseases	1	Congenital Malformations	1	HIV	16	Suicide	36	Unintentional Injury	120
Influenza & Pneumonia	1	Homicide	1	Diabetes	8	Chronic Lower Respiratory Disease	34	Diabetes	108
Septicemia	1	Influenza & Pneumonia	1	Influenza & Pneumonia	8	Cerebro-vascular Diseases	29	Essen Hypertension & Hypertensive Renal Disease	68
All Causes	77	All Causes	30	All Causes	330	All Causes	1,085	All Causes	3,515
White	39	White	16	White	217	White	782	White	2,911
Black	35	Black	14	Black	105	Black	284	Black	568

Source: www.FloridaCHARTS.com

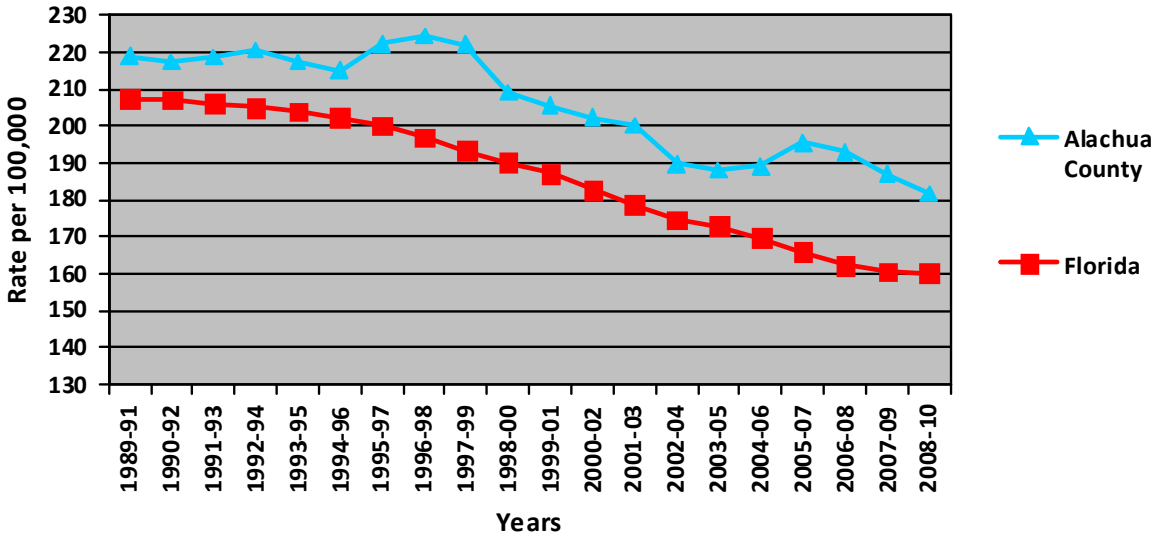
CHRONIC DISEASE

Cancer

Cancer is the leading cause of death among Alachua County residents and is now considered to be largely preventable. The National Cancer Institute reports that 50-75% of all cancers can be attributed to three behaviors: tobacco use, lack of exercise and poor diet. Figure 3-1 shows death rates from cancer in Alachua County residents compared to the State of Florida. Although the cancer death rate among Alachua County residents has been slowly decreasing over the last two decades, it has been consistently higher than the state's rate. This downward trend has been steady among Alachua County residents since approximately 2004. Figure 3-2 shows age-

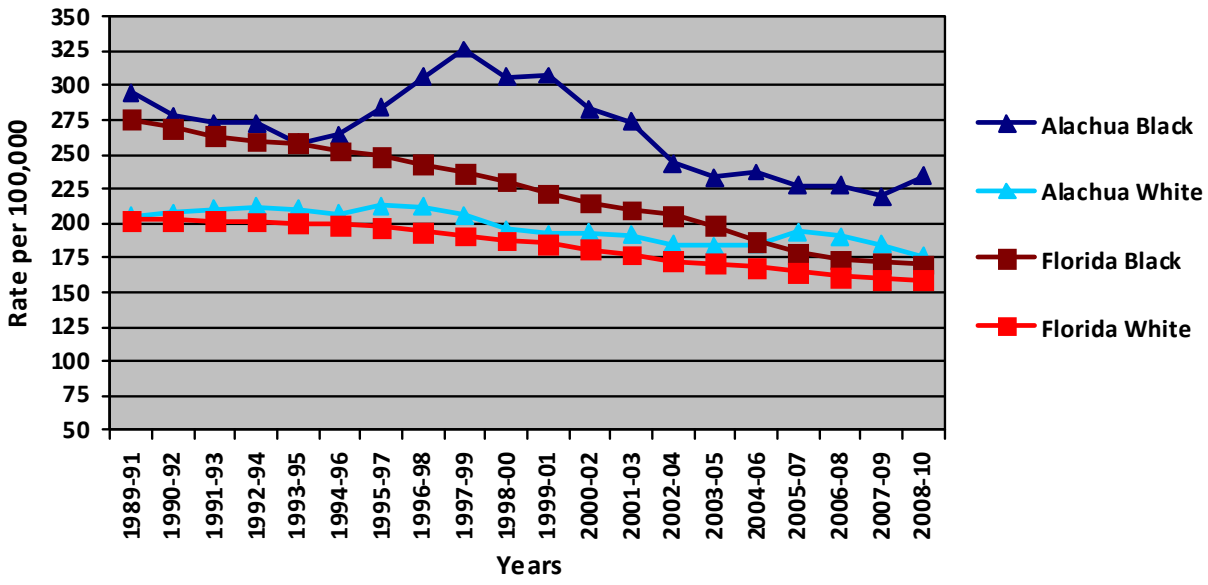
adjusted death rates by race. Cancer death rates have been consistently higher for AA than for whites and, in 2007-2010, began increasing instead of continuing to decline.

Figure 3-1: All Cancers Age-Adjusted Death Rate, 3-Year Rolling Rates



Source: www.FloridaCHARTS.com

Figure 3-2: All Cancers Age-Adjusted Death Rate, 3-Year Rolling Rates by Race



Source: www.FloridaCHARTS.com

Even though cancer can attack any organ in the body, some sites are more likely to be affected than others. Among Alachua County residents, the highest incidences of cancer are prostate

cancer (159.2 cases per 100,000 men), breast cancer (121.6 cases per 100,000 women), lung cancer (75.3 cases per 100,000 individuals) and colorectal cancer (48.6 cases per 100,000 individuals). The data describing cancer mortality and related indicators are described below and shown in Table 3-4.

Lung cancer: The death rate (51.3 per 100,000) from lung cancer is in the second quartile of the state, while the incidence rate (75.3 per 100,000) is in the third quartile. Both rates are higher than the observed statewide numbers. The percent of smokers in Alachua County is 14.4%, which is lower than the state average of 17.1%. The percentage of Alachua County smokers has decreased in each of the pervious three BRFSS surveys from 2002 to 2010.

Colorectal cancer: Both the incidence rate (48.6 per 100,000) and the mortality rate (18.2 per 100,000) for colorectal cancer are in the fourth quartile of the state. Even though incidence and mortality rates in Alachua County are higher than the statewide levels, incidence of colorectal cancer in Alachua County is trending downward.

The percentage of adults 50 or older reporting having had a blood stool test has decreased between 2002 and 2010 from 22.6% to 9.1%. This method of screening for colorectal cancer has been recommended less often in recent years, but those 50 and older reporting having had a sigmoidoscopy or colonoscopy is only 54.5%, which is lower than the state rate of 56.4% and has not increased since 2007.

Breast cancer: The incidence rate (121.6 per 100,000) for breast cancer is in the fourth quartile of the state and death rate (22.6 per 100,000) is in the third quartile of the state.

The percentage of women 40 and older who in 2010 reported having a mammogram is 53.9%, which is lower than the state rate of 61.9% and has decreased from 70.8% when the last survey was conducted (2007).

Prostate cancer: The death rate (18.5 per 100,000) for prostate cancer is in the third quartile of the state and the incidence rate (159.2 per 100,000) is in the fourth quartile. In 2010, 68% of males over 50 reported receiving a PSA test in the past two years, which was lower than the state rate of 72.6% but higher than it was in 2007.

Cervical cancer: The incidence of cervical cancer is in the second quartile but the death rate is in the third quartile for the state. Women receiving a Pap test in the last year was 61.5%, which is better than the state, but lower than it was in 2007 (70.5%) and 2002 (73.3%).

Table 3-4: Comparison of Cancer Related Indicators, Alachua County and Florida

Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4=least favorable	Alachua County Rate	Florida Rate	County Trend
Lung Cancer						
Lung cancer age-adjusted death rate[1]	2008-10	Per 100,000	2	51.3	46.6	No Trend
Lung cancer age-adjusted incidence rate[2]	2006-08	Per 100,000	3	75.3	65.9	No Trend
Colorectal Cancer						
Colorectal cancer age-adjusted death rate[1]	2008-10	Per 100,000	4	18.2	14.3	No Trend
Colorectal cancer age-adjusted incidence rate[2]	2006-08	Per 100,000	4	48.6	42.0	Better
Adults 50 years of age and older who received a sigmoidoscopy or colonoscopy in the past five years[3]	2010	Percent	3	54.5%	56.4%	-
Adults 50 years of age and older who received a blood stool test in the past year[3]	2010	Percent	4	9.1%	14.7%	-
Breast Cancer						
Breast cancer age-adjusted death rate[1]	2008-10	Per 100,000	3	22.6	20.8	No Trend
Breast cancer age-adjusted incidence rate[2]	2006-08	Per 100,000	4	121.6	110.9	Better
Women 40 years of age and older who received a mammogram in the past year[3]	2010	Percent	3	53.9%	61.9%	-
Prostate Cancer						
Prostate cancer age-adjusted death rate[1]	2008-10	Per 100,000	3	18.5	17.5	Better
Prostate cancer age-adjusted incidence rate[2]	2006-08	Per 100,000	4	159.2	130.8	No Trend
Men 50 years of age and older who received a PSA test in the last two years[3]	2010	Percent	3	68.0%	72.6%	-
Cervical Cancer						
Cervical cancer age-adjusted death rate[1]	2008-10	Per 100,000	3	3.4	2.7	No Trend
Cervical cancer age-adjusted incidence rate[2]	2006-08	Per 100,000	2	7.7	8.9	No Trend
Women 18 years of age and older who received a Pap test in the past year[3]	2010	Percent	1	61.5%	57.1%	-

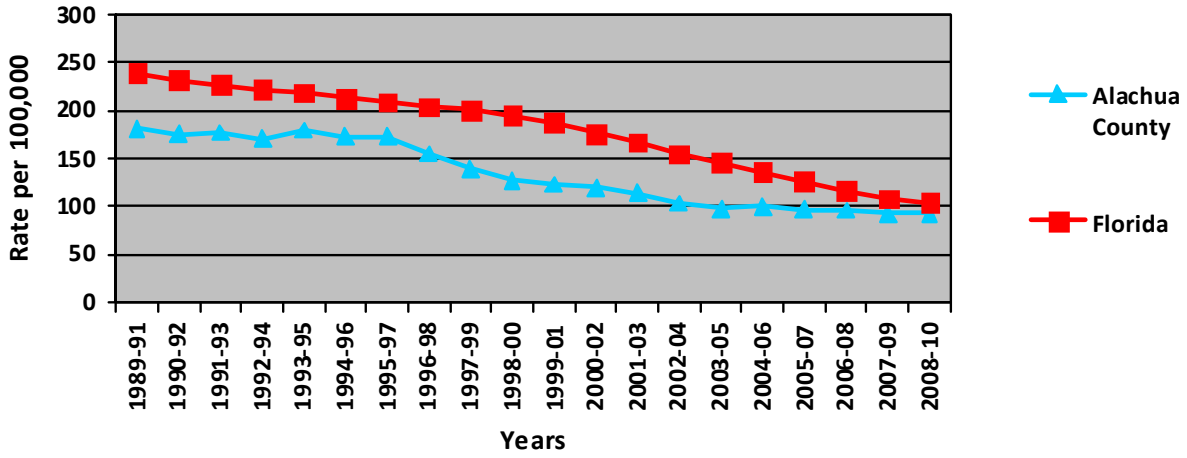
Sources: Adapted from: FloridaCharts.com: [1]Florida Department of Health, Office of Vital Statistics
[2]University of Miami (FL) Medical School, Florida Cancer Data System
[3]Florida Department of Health, Bureau of Epidemiology, Florida BRFSS survey

Heart Disease and Stroke

Although heart disease is the second most frequent cause of death among Alachua County residents, the mortality rates are declining and have been better than state rates for several decades. Figure 3-3 shows a comparison of mortality from heart disease in Alachua County residents to Florida's rates. Figure 3-4 shows the comparison by race.

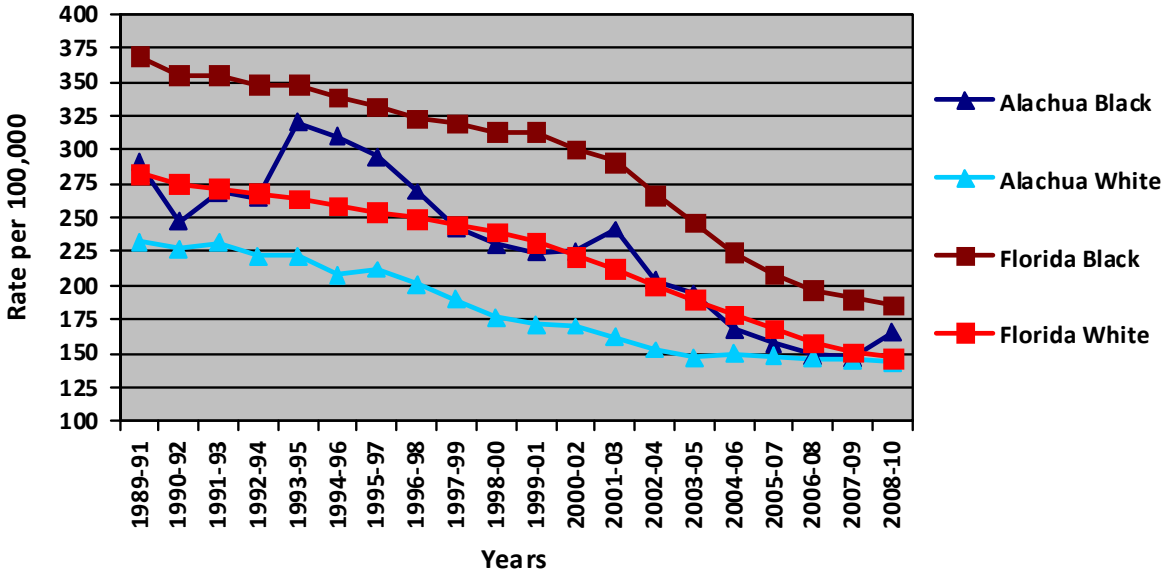
The death rates over time from stroke for Alachua County and the state are shown in Figure 3-5. The death rate from stroke among Alachua County residents has been consistently higher than state but follows the same downward movement. Between 2008-2010, Alachua County was in the fourth quartile of the state. For AA, the mortality rate stabilizes between 2004 and 2009, but shifts to a disturbing upward trend in 2008-2010 (See Figure 3-6). The BRFSS data shown in Table 3-5 shows an increase in the percentage of adults reporting they have been diagnosed with hypertension. The data on hospital services in Chapter 2 also demonstrated an increase in hospital admissions between 2007 and 2010 due to hypertension.

Figure 3-3: Heart Disease Age-Adjusted Death Rate, 3-Year Rolling Rates



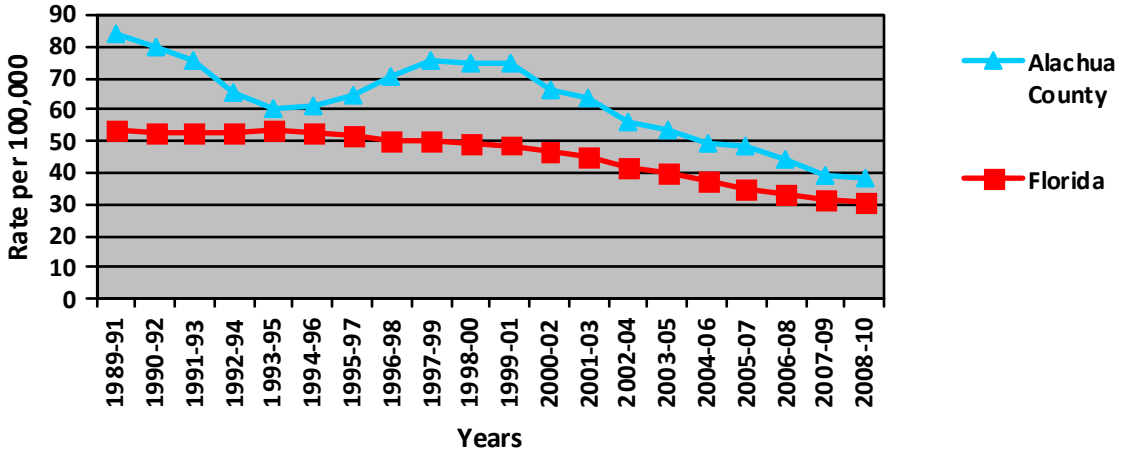
Source: www.FloridaCHARTS.com

Figure 3-4: Heart Disease Age-Adjusted Death Rate, 3-Year Rolling Rates by Race



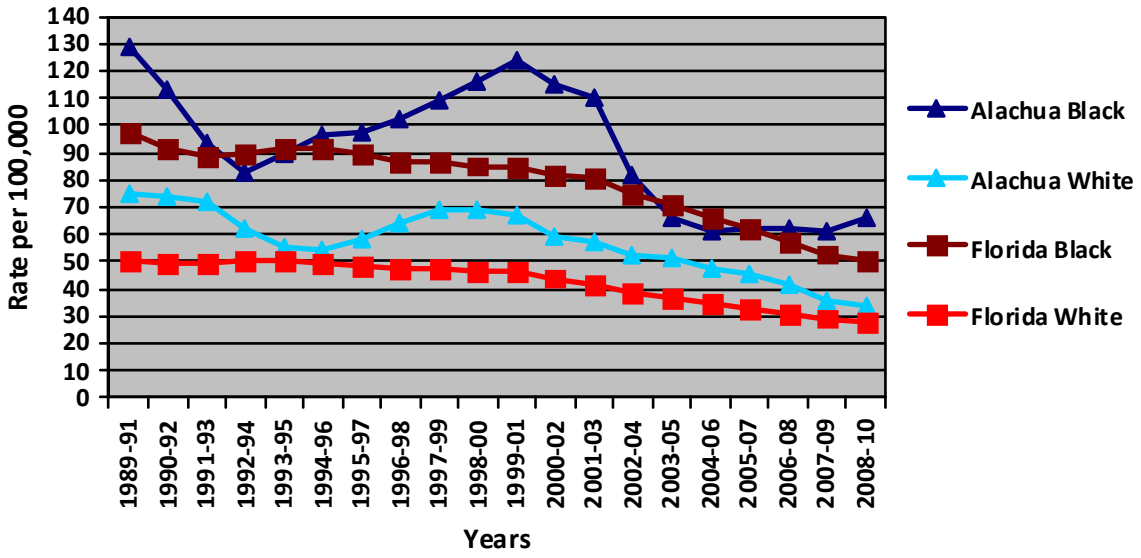
Source: www.FloridaCHARTS.com

Figure 3-5: Stroke Age-Adjusted Death Rate, 3-Year Rolling Rates



Source: www.FloridaCHARTS.com

Figure 3-6: Stroke Age-Adjusted Death Rate, 3-Year Rolling Rates



Source: www.FloridaCHARTS.com

Table 3-5: Adults with Hypertension (BRFSS), Alachua County and Florida, 2002, 2007, 2010

Indicator	Alachua County			Florida
	2002 Measure	2007 Measure	2010 Measure	2010
Hypertension Awareness and Control				
Percentage of adults with diagnosed hypertension	19.6	22.2	24.8	34.3

Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology Section, 2002, 2007, and 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

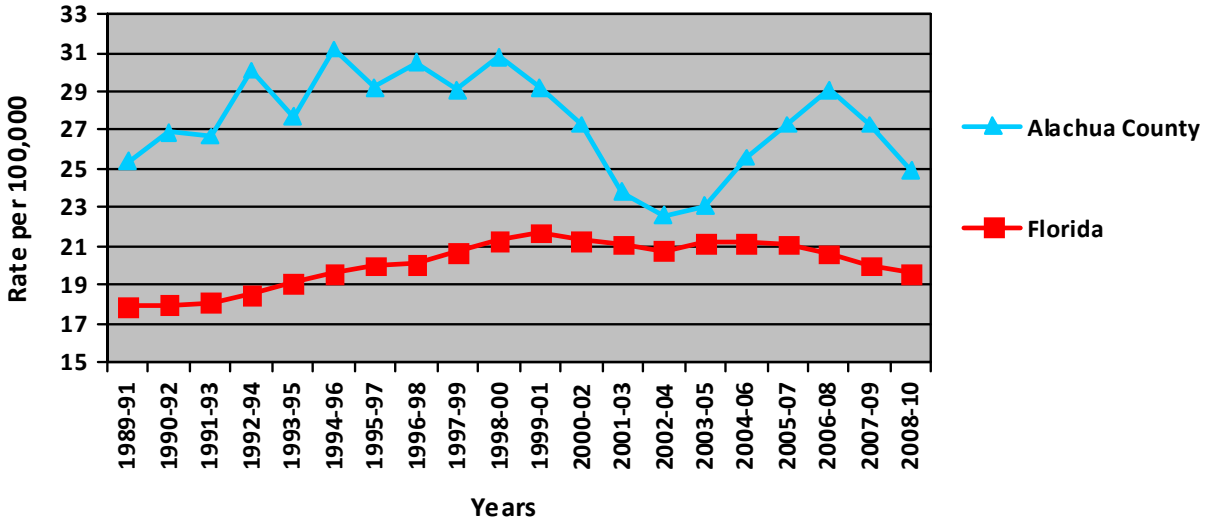
Diabetes

The diabetes mortality rates for both the county and the state over time are shown in Figure 3-7. The rates for Alachua County have been higher than the state rates since 1989. Although the rates for AA and whites follow a parallel downward trend, the rates for AA are significantly higher than for whites (Figure 3-8). Over the last 20 years, the death rate for AA residents of Alachua County has been much higher than it is for AA statewide.

Table 3-6 displays diabetes related indicators. Survey data indicate that the incidence of diabetes is in the lowest quartile in the state: 4.9% of adult Alachua County residents reported they had been diagnosed as having diabetes compared to 10.4% statewide. Despite the apparently low prevalence of adults with diabetes, the hospitalization rate, amputation rate, and the death rate are in the third quartile in the state. These poor outcomes are consistent with the information from the BRFSS surveys that suggest that less than 70% of people with diabetes monitor their own blood glucose at least once a day or have had two A1C tests or a foot exam in the last year (Table 3-7).

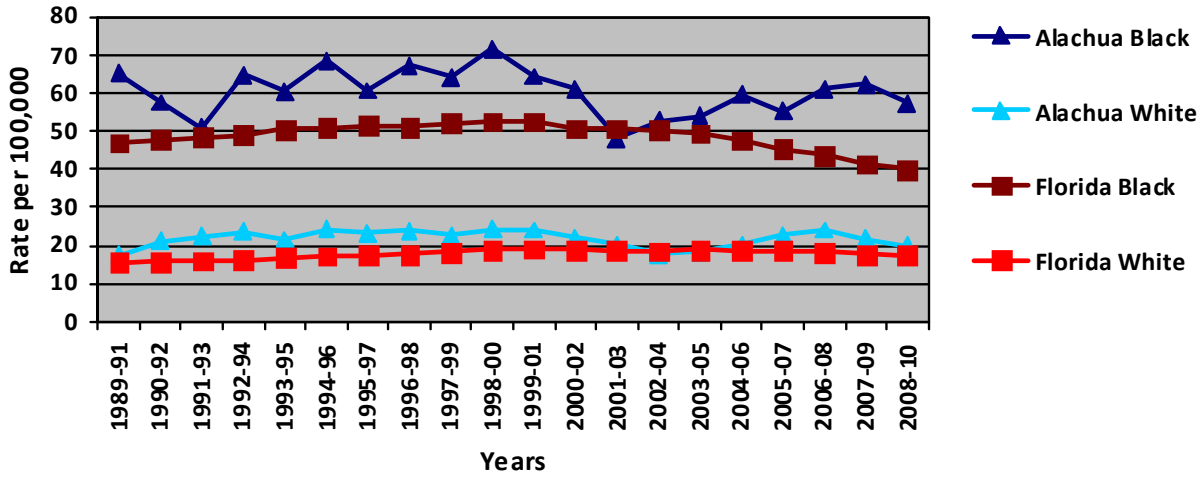
BRFSS data suggest the prevalence of diabetes has remained relatively stable over the last several years but that the management of diabetes is becoming less rigorous. This is consistent with the data on hospitalizations shown in the prior section, which demonstrate a steady increase in hospitalizations due to diabetes from 2007 to 2010.

Figure 3-7: Diabetes Age-Adjusted Death Rate, 3-Year Rolling Rates



Source: www.FloridaCHARTS.com

Figure 3-8: Diabetes Age-Adjusted Death Rate, 3-Year Rolling Rates



Source: www.FloridaCHARTS.com

Table 3-6: Diabetes Indicators, Alachua County and Florida

Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4=least favorable	Alachua County Rate	Florida Rate	County Trend
Diabetes						
Diabetes age-adjusted death rate[1]	2008-10	Per 100,000	3	24.9	19.6	No Trend
Diabetes age-adjusted hospitalization rate[2]	2008-10	Per 100,000	3	2403.1	2198.0	Worse
Amputation due to diabetes age-adjusted hospitalization rate[2]	2008-10	Per 100,000	3	30.1	24.7	No Trend
Adults with diagnosed diabetes[3]	2010	Percent	1	4.9%	10.4%	-

Source: www.FloridaCHARTS.com
[1]Florida Department of Health, Office of Vital Statistics
[2]Florida Agency for Health Care Administration (AHCA)
[3]Florida Department of Health, Bureau of Epidemiology, Florida BRFSS survey

Table 3-7: Diabetes Related Indicators (BRFSS), Alachua County and Florida, 2002, 2007, 2010

Indicators	Alachua County			Florida 2010
	2002 Measure	2007 Measure	2010 Measure	
Percentage of adults with diagnosed diabetes	5.1	6.3	4.9	10.4
Percentage of adults with diabetes who self monitor blood glucose at least once a day on average	n/a	73.8	60.9	62.1
Percentage of adults with diabetes who had two A1C tests in the past year	n/a	72.4	65.0	75.6
Percentage of adults with diabetes who had an annual foot exam	n/a	87.5	69.2	72.2
Percentage of adults with diabetes who had an annual eye exam	n/a	77.3	78.9	70.2
Percentage of adults with diabetes who ever had diabetes self management class	n/a	42.6	60.8	55.1

Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology Section, 2002, 2007, 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

INFECTIOUS AND COMMUNICABLE DISEASES

A summary of data describing the incidence and prevalence of some communicable and infectious diseases in Alachua County is shown in Table 3-8. In 2008-2010, Alachua County was in the third quartile for vaccine preventable diseases. The rates of HIV, chlamydia, gonorrhea and infectious syphilis cases reported are in the fourth quartile of the state. Periodic reviews of the demographics of these sexually transmitted infections indicate that these high rates are not solely due to the presence of a large university but are, in great part, attributable to the permanent residents of Alachua County.

Table 3-8: Infectious and Communicable Diseases, Alachua County and Florida, 2008-2010

Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4=least favorable	County Rate	State Rate	County Trend
Vaccine preventable diseases[1]	2008-10	Per 100,000	3	4.2	3.9	No Trend
HIV cases reported[1]	2008-10	Per 100,000	4	23.1	31.8	-
AIDS cases reported[1]	2008-10	Per 100,000	3	17.0	22.3	No Trend
HIV/AIDS age-adjusted death rate[2]	2008-10	Per 100,000	3	5.5	6.5	No Trend
TB cases reported[1]	2008-10	Per 100,000	2	2.7	4.6	No Trend
Chlamydia cases reported[1]	2008-10	Per 100,000	4	685.1	387.0	Worse
Gonorrhea cases reported[1]	2008-10	Per 100,000	4	188.0	113.9	No Trend
Infectious syphilis cases reported[1]	2008-10	Per 100,000	4	6.3	5.8	Worse

Source: [1]Florida Department of Health, Division of Disease Control
[2]Florida Department of Health, Office of Vital Statistics

In 2010, adults were less likely to receive a flu shot than the rest of the state (35% vs. 36.5%) but the rate has been increasing since 2002 (See Table 3-9). Only 22.6% of Alachua County residents reported receiving a pneumonia vaccination, whereas 30.6% of Florida residents did. Seniors, who are the most likely to experience morbidity and mortality from infectious diseases, increased their participation in pneumonia vaccination between 2002 and 2007, but were less likely to receive a flu shot in 2010 than in 2007.

Table 3-9: HIV Testing and Adult Immunization Rates, Alachua County and Florida, 2002, 2007, 2010

Indicator	Alachua County			Florida 2010
	2002 Measure	2007 Measure	2010 Measure	
Percentage of adults less than 65 years of age who have been tested for HIV	43.0	45.2	47.5	48.4
Percentage of adults who received a flu shot in the past year	23.5	31.4	35.0	36.5
Percentage of adults age 65 and older who received a flu shot in the past year	59.9	68.6	56.6	65.3
Percentage of adults who have ever received a pneumonia vaccination	14.3	22.6	22.6	30.6
Percentage of adults age 65 and older who have ever received a pneumonia vaccination	52.6	67.3	66.4	69.9

Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology Section, 2002, 2007, and 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

Table 3-10 shows the percentage of children immunized at entry into kindergarten and demonstrates a decline in the percentage of children immunized between 2008 and 2010. In

2010, the rate of immunization among kindergarteners in the State of Florida was 91.3% and 88.8% for Alachua County.

Table 3-10: Immunization Levels in Kindergarten, Alachua County and Florida 2005-2010

Year	Alachua County	Florida
2005	95.7	94.1
2006	95.9	94.6
2007	96.8	93.6
2008	93.8	89.8
2009	87.0	91.3
2010	88.8	91.3

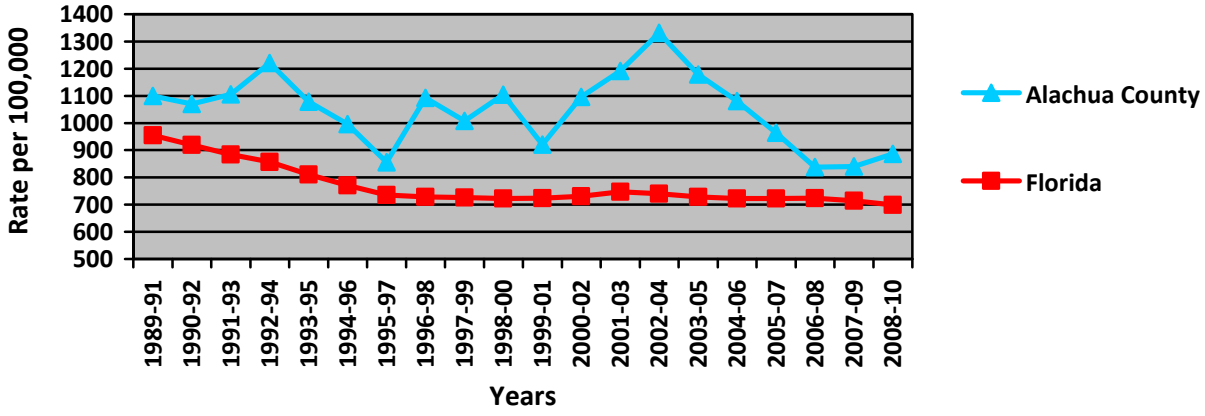
Source: www.FloridaCHARTS.com

MATERNAL AND CHILD HEALTH

Reproductive Health

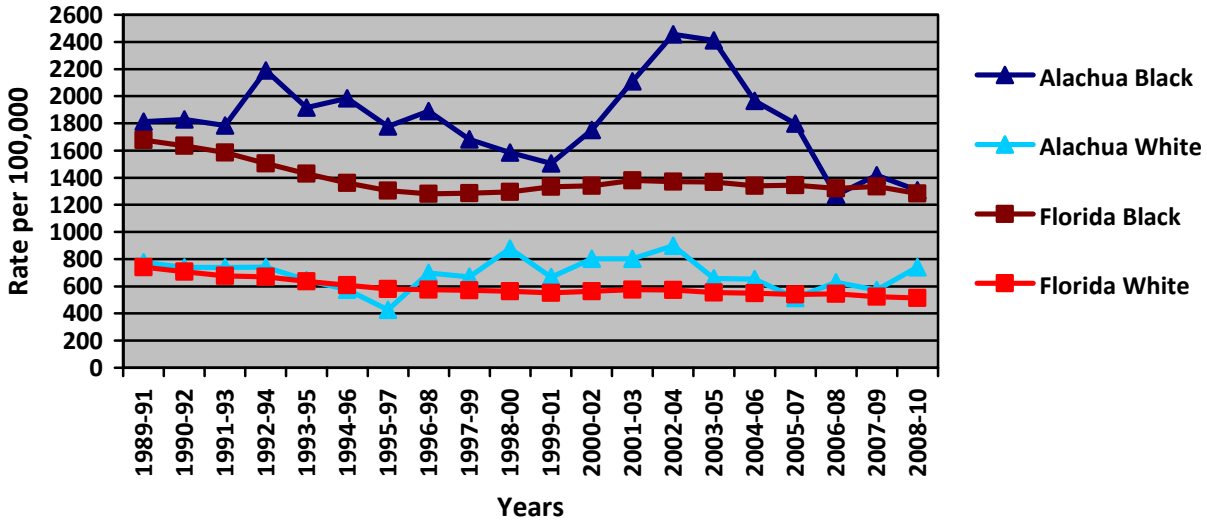
Infant death among Alachua County residents is, and has been, higher than the state rate since at least 1989. Because of small numbers, infant death statistics shown in Figure 3-9 are presented as three year rolling rates. In the most recent three year period for which data are available (2008-2010), the infant mortality rate in Alachua County is in the fourth quartile of the state. Alachua's infant death rate began to decline in 2002-2004 but then increased in 2007-2009. The infant death rate among AA mothers in Alachua County is higher than the death rate among white mothers and, until 2006-2008, was higher than AA mothers in Florida (Figure 3-10). Although the numbers are small, the infant death rate among white mothers has increased between 2007 and 2010.

Figure 3-9: Infant Deaths Crude Rate, 3-Year Rolling Rates



www.FloridaCHARTS.com

Figure 3-10: Infant Deaths Crude Rate, By Race, 3-Year Rolling Rates



www.FloridaCHARTS.com

The majority of infant deaths are due to perinatal conditions. These deaths most frequently occur in the first 28 days of life (neonatal period). Between 2008 and 2010, 77 infants born to Alachua County mothers died before their first birthday and 55 of them were neonatal deaths. The most frequent cause of infant death at 62% was due to perinatal conditions and almost 16% was due to congenital malformations (Table 3-11).

Table 3-11: Leading Cause of Death for Infants in Alachua County for Years 2008-2010

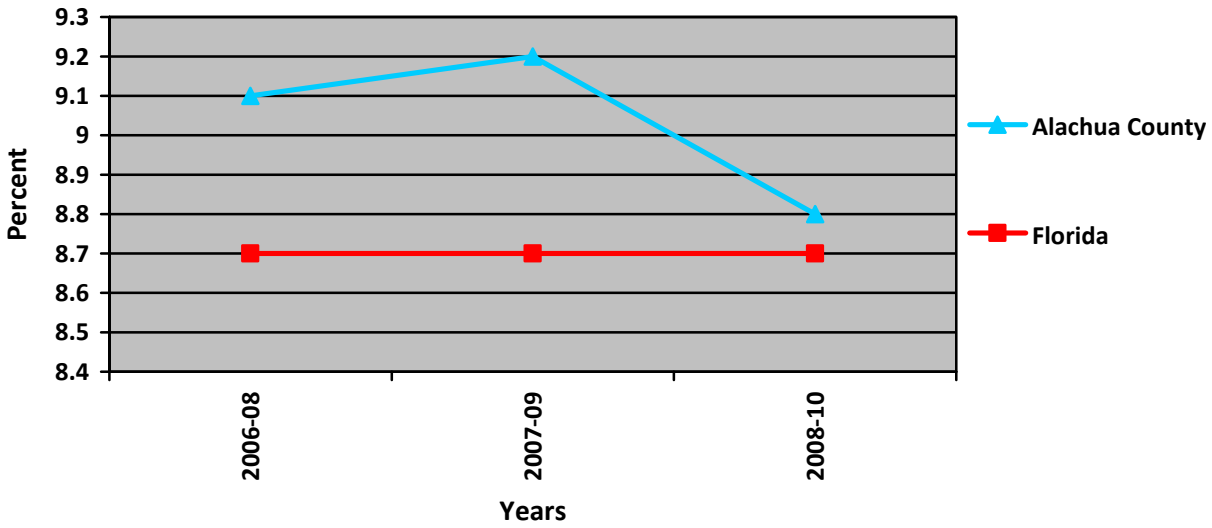
Cause of Death	Number of Deaths
Perinatal Conditions	48
Congenital Malformations	12
Unintentional Injury	5
Heart Diseases	2
Acute Bronchitis & Bronchiolitis	1
Cerebro-vascular Diseases	1
Influenza & Pneumonia	1
Septicemia	1

Source: www.FloridaCHARTS.com

The incidence of low birth weight (LBW) and particularly, very low birth weight (VLBW) are usually associated with infant death. The three year rolling averages between 2006 and 2010 show that LBW incidence has been higher among Alachua County residents than the state (Figure 3-11). The LBW rate by race is shown in Figure 3-12, and it mirrors the state rate, although the rate for white Alachua County mothers is slightly lower than the state rate and the rate of LBW for AA mothers is higher than the state rate between 2006 and 2009 but similar to the state rate in 2008-2010. The difference in LBW between Alachua County and the state

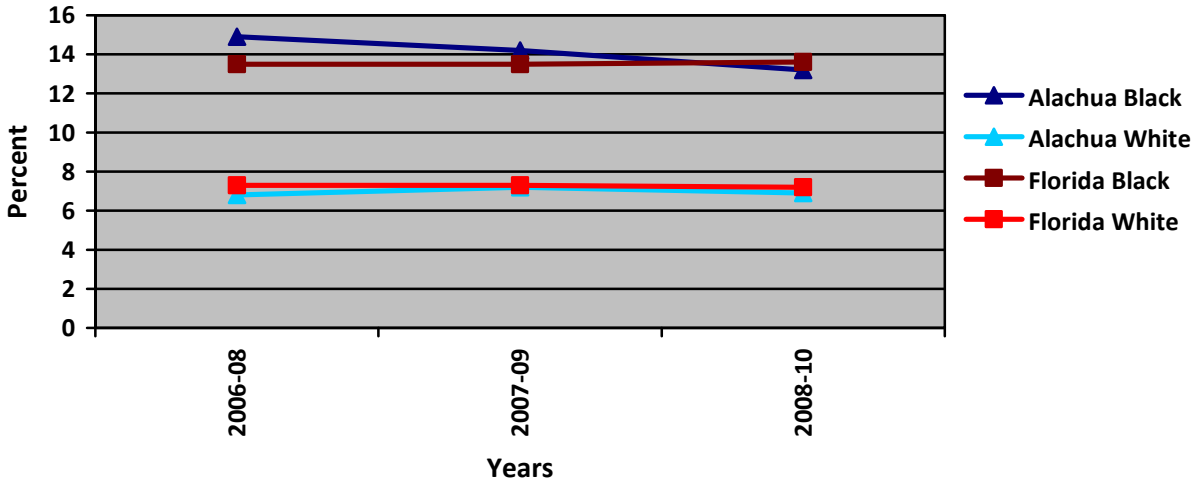
appears to be at least partly due to the difference in racial composition of the county compared to the state.

Figure 3-11: Low Birth Weight, All Races, 3-Year Rolling Rates



Source: www.FloridaCHARTS.com

Figure 3-12: Low Birth Weight 3-Year Rolling Rates by Race

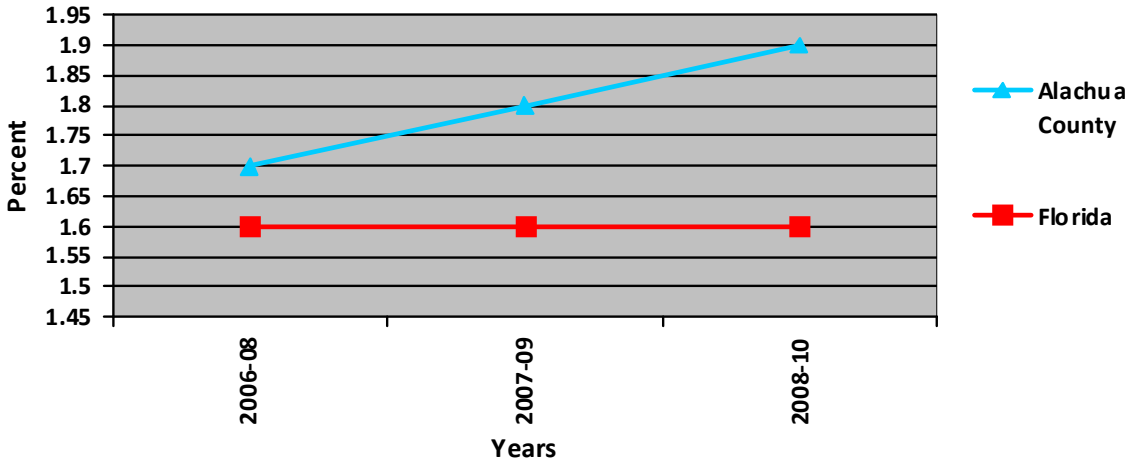


Source: www.FloridaCHARTS.com

The three year rolling average of VLBW among Alachua County mothers, shown in Figure 3-13, increased between 2006 and 2010, while it remained steady in the state. Figure 3-14

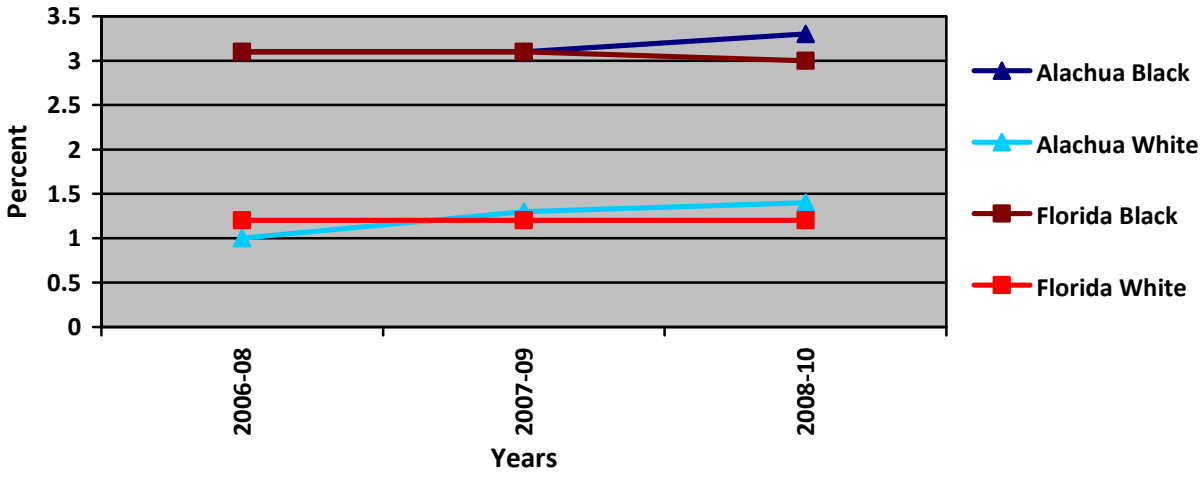
looks at VLBW by race and shows that among white Alachua County mothers, the VLBW rate increased between 2006 and 2010. In 2006, it was lower than the state rate, but slowly increased over the next four years and by 2010 was higher than the state rate. Among AA mothers, the Alachua County VLBW rate between 2006 and 2010 is similar to the state rate, except in 2008-2010 when it was higher. The racial disparities persist among both white and AA mothers in Alachua County. The incidence of VLBW rates increased between 2006 to 2010, in contrast to state rates, which have remained steady or declined.

Figure 3-13: Very Low Birth Weight 3-Year Rolling Rates All Races



Source: www.FloridaCHARTS.com

Figure 3-14: Very Low Birth Weight 3-Year Rolling Rates by Race



Source: www.FloridaCHARTS.com

Smoking rates among pregnant women are shown in Table 3-12. Since 2005, smoking among all pregnant women in Alachua County has been similar to the state rate. In Alachua County, white women are more likely to smoke than AA women. Additionally, AA pregnant women in Alachua County are more likely to smoke than AA pregnant women in Florida.

Table 3-12: Percent of Mothers Who Smoked During Pregnancy

	All Mothers		Black Mothers		White Mothers	
Year	Alachua County	Florida	Alachua County	Florida	Alachua County	Florida
2005	8.1	7.8	8.8	3.9	8.6	9.3
2006	6.3	7.6	5.4	3.7	7.3	9.0
2007	7.2	7.1	7.9	3.7	7.7	8.3
2008	8.5	6.8	9.5	3.5	9.0	8.0
2009	7.0	6.9	7.8	3.7	7.5	8.1
2010	7.2	7.0	7.3	3.9	7.9	8.2

Source: www.FloridaCHARTS.com

Other factors associated with pregnancy outcomes include the age of mothers and participation in prenatal care. Births to teens between 15-17 years of age are shown in Table 3-13. The rate of births to all adolescents in this age group is similar to the state rate most years, except in 2009 when it was higher. Among white youth, the pregnancy rate has been generally lower than the state rate. In contrast, among AA teens, birth rates had been higher than the state rate until 2010, when they dropped precipitously. In 2010, the pregnancy rate among white youth increased and the rate among black youth decreased. It is interesting to note that 2008-2010 births to 15-19 year olds was in the first quartile of the state but the repeat pregnancy rate among 15-19 year olds was in the third quartile of the state, and births among unwed mothers 15-19 was in the fourth quartile of the state. Pregnancy among mothers who are older than 35 may also be associated with less than optimal pregnancy outcomes. Between 2008-2010, the rate of births to women older than 35 in Alachua County ranked in the fourth quartile in the state. Furthermore, a review of births to mothers 30 and older also shows they have been higher than the state rate since 2001 (Data not shown).

Table 3-13: Births to Teens 15-17 per 1,000 Females

Year	Alachua County			Florida		
	All	Black	White	All	Black	White
2005	20.1	55.2	8.9	21.9	36.2	18.4
2006	24.7	69.7	9.7	23.1	38.3	19.5
2007	23.9	49.2	14.5	22.8	38.0	19.2
2008	21.1	41.4	13.1	20.4	34.5	16.9
2009	25.4	58.1	11.2	17.7	31.3	14.4
2010	7.9	16.9	5.9	15.2	28.4	12.7
2011	8.8	25.8	3.7	13.4	22.5	10.9

Source: www.FloridaCHARTS.com

Other issues of note in Table 3-14 include the percent of births to mothers with interpregnancy intervals of <18 months and mothers with multiple pregnancies. Both factors contribute to poor pregnancy outcomes and are in the fourth quartile.

Table 3-14: Maternal and Child Health Indicators, Alachua County and Florida

Indicator	Year(s)	Rate Type	County Quartile 1=most favorable	County Rate	State Rate	County Trend

			4=least favorable			
Infant death rate	2008-10	Per 1,000 live births	4	8.8	6.9	No Trend
Fetal death ratio	2008-10	Per 1,000 deliveries	3	7.1	7.2	No Trend
Neonatal death rate	2008-10	Per 1,000 live births	4	6.3	4.5	No Trend
Post-neonatal death rate	2008-10	Per 1,000 live births	2	2.5	2.4	No Trend
Premature births (births < 37 weeks gestation)	2008-10	Percent	2	12.8%	13.9%	No Trend
Low birth weight births (births < 2500 grams)	2008-10	Percent	3	8.8%	8.7%	No Trend
Births < 1500 grams (very low birth weight)	2008-10	Percent of births	4	1.9%	1.6%	-
Early prenatal care (care began 1st trimester)	2008-10	Percent	3	77.0%	78.1%	-
Children born with chromosomal abnormalities (Trisomy 13, 18, & 21)	2006-08	Per 10,000 births	1	11.5%	15.2%	-
Births to teens 15-19	2008-10	Rate per 1,000	1	23.4	36.8	No Trend
Repeat births to mothers 15-19	2008-10	Percent	3	19.2%	18.4%	No Trend
Births with Inter-pregnancy interval <18 months	2008-10	Percent of Births	4	43.6%	38.0%	-
Births among unwed mothers ages 15-19	2008-10	Percent females 15-19	4	92.8%	90.0%	-
Total births to unwed mothers	2008-10	Percent of births	2	44.1%	47.3%	-
Births to mothers > 35	2008-10	Per 1,000 females > 35	4	5.1%	4.7%	-

Source: www.FloridaCHARTS.com

Between 2005 and 2010, first trimester enrollment in prenatal care was similar to the state rate and varied between 76.0% and 81.7%. The first trimester enrollment rate among whites has been higher than the comparable state rate and ranged between 85.5% and 81.5%. First trimester enrollment in care among Alachua County AA mothers has varied between 64.8% and 72.8%. It is lower than white women and has generally been lower than the state rate.

Table 3-15: Births to Mothers with First Trimester Prenatal Care (% of births)

Year	Alachua County			Florida		
	All	Black	White	All	Black	White
2005	81.7	72.8	85.5	78.5	70.8	80.8
2006	79.1	68.2	83.7	76.8	68.5	79
2007	77.5	66.6	82.1	75.9	67.3	78.4
2008	77.3	65.6	82.2	76.9	68.4	79.3

2009	76	64.8	81.5	78.3	70.3	80.6
2010	77.8	66.8	82.9	79.3	71.6	81.6

Source: www.FloridaCHARTS.com

An emerging issue is the resurgence of substance abuse/addiction, especially to prescription medications, among pregnant women. When physicians observe signs of withdrawal in newborns, they document the diagnosis code 779.5 in the infant's medical record. The statewide number of infants assigned this code in 2005 was 258, in 2009 it was 966, and in 2010 there were 1374 cases. Data from the first six months of 2011 showed 767 infants diagnosed with "drug withdrawal syndrome in the newborn". Data regarding diagnosed drug withdrawal in newborns among Alachua County newborns from July 1, 2006 to June 30 of 2011 is shown in Table 3-16. The number of births reported is shown by calendar year to provide some context to the data.

Table 3-16: Newborns Diagnosed with Drug Withdrawal Syndrome in the Newborn (Code 779.5) in Alachua County Residents

Time period	Diagnosed with 779.5	Number of Births	Calendar Year
Jul 2006- Jun 2007	5	2,837	2006
Jul 2007- Jun 2008	4	2,849	2007
Jul 2008- Jun 2009	8	2,980	2008
Jul 2009- Jun 2010	13	2,925	2009
Jul 2010- Jun 2011	14	2,866	2010

Source: AHCA delivery discharge data. Provided by Shands HealthCare

Children's issues

Table 3-17 displays an overview of children's issues and shows that there are a number of indicators describing Alachua County which rank in the fourth quartile of the state. These include: children younger than 5 years of age covered by KidCare, children entering kindergarten fully immunized, children aged 3-5 with disabilities who receive pre-K services and infants in foster care.

Alachua ranks in the first quartile for the percentage of children in school readiness programs and births covered by Medicaid.

Table 3-17: Pregnancy Child Profile

Indicator	Year(s)	Rate Type	County Quartile 1=most favorable 4=least favorable	County Rate	State Rate
Access to Services					
Children <5 covered by KidCare (MediKids)	2008-10	Percent of population <5	4	1.1%	2.6%
Immunizations					

Kindergarten children fully immunized	2010	Percent of KG students	4	88.8%	91.3%
Early Learning					
Children in School Readiness Programs (subsidized child care)	Per 1,000 population <13	2007-09	1	126.0	82.5
Children ages 3-5 with disabilities receiving pre-K services	Per 1,000 population 3-5	2006-08	4	19.1	30.1
Social-emotional Development					
Infants in foster care	2008-10	Per 1,000 population<1	4	15.3%	11.1%
Community Characteristics					
Births covered by Medicaid	2008-10	Percent of births	1	46.6%	46.8%

Source: www.FloridaCHARTS.com

See below for more information on children's oral health.

ORAL HEALTH

The inextricable link between oral health and general health is now recognized as a public health priority. Disparities in disease incidence are compounded by inequalities in access and utilization of oral health care. The frequently overlooked, but potentially serious consequences associated with poor oral health have resulted in the characterization of oral diseases as a "neglected epidemic".

A visual Basic Screening Survey of all third graders in the county (N=1737) was conducted in the fall of 2011. Overall, 46.1% of third-grade public school students in Alachua County had experienced dental caries and 27.2% had untreated cavities at the time of the survey. However, there were large disparities among the schools in the prevalence of disease: presence of caries ranged from 22.0% to 76.2% and untreated cavities ranged from 8.2% to 46.0%. Dental sealants were present on the permanent first molars of 35.7% of third-graders, ranging from a high of 66.7% to a low of 18.0%. Nearly 6% of children had an urgent need for dental care, defined as reported dental pain or clinical sign of dental infection at the time of the survey. There was also a disparity in this indicator, from zero in one school to more than 19% in another. Third-graders were also screened for severe malocclusion, which included the presence of conditions such as cross-bite, anterior open-bite or severe tooth crowding that made effective oral hygiene impossible; overall, 9.8% of children were judged to have severe malocclusion. Soft tissue pathology was relatively uncommon and was detected in 0.4% of third-grade students.

Among children enrolled in Medicaid in 2009 -2010, only about 25% received one or more dental health service from a Medicaid provider. The table below shows the participation by age.

Table 3-18: Medicaid enrollees who had at least one dental service (2009-10)

Age	Number of children	Percent receiving a dental service

0-4	7,602	11.7
5-9	5,257	39.3
10-14	4,214	33.9
15-18	3,347	27.3
19-20	1,612	12.3
Total	22,032	24.95

Source: Data from AHCA Florida Medicaid Program. Provided by the Oral Health Coalition of Alachua County

The Oral Health Coalition obtained data describing emergency room (ER) encounters for residents of Alachua County whose visits were coded as dental conditions that could have been avoided through prevention or earlier intervention. During the four years analyzed (2007–2010) there were, on average, 2,138 avoidable visits each year that resulted in average annual charges of $1,728,096. Each visit was coded for the type of service provided, which offers some insight into the severity of the condition. Over 60% of the visits were coded as meeting the criteria for one of the two most severe conditions (out of four possible rankings).

Those seeking ER care for dental conditions ranged from age 0 to 97 years; 53% had no insurance, 35% were Medicaid beneficiaries, 7% were covered by commercial insurance, 7% were Medicare enrollees and about 2% had some other type of insurance coverage. The remainder of those seeking care were uninsured. The encounters in 2010 were analyzed by ZIP Code and expressed as a rate per 100,000 residents per year in each ZIP code. The ZIP codes with the highest number of avoidable visits were 32609 (14.3% of all encounters), 32607 (14.3%), 32608 (13.4%), 32641 (12.6%) and 32601 (12.2%). The frequency of emergency room encounters in Alachua County was compared to the State of Florida. This comparison can be seen in Table 3-19 which shows that the age-adjusted rate of ER use in Alachua County was higher than the state average. The data also demonstrate the dramatic racial disparity in the county, with the rate among AA being over 300% higher than the rate among whites. Interviews with low income residents and the data cited above for severity of ER visits, suggest that a visit to the emergency room is not usually the first action a person with a dental problem takes, but is considered a last resort.

Table 3-19: Age-adjusted Rate of Use of Emergency Rooms for Dental Conditions, by Race

Area	Total	Race	
		White	Black
Alachua County	824.3	598.2	1832.7
Florida	738.6	745.2	1082.1

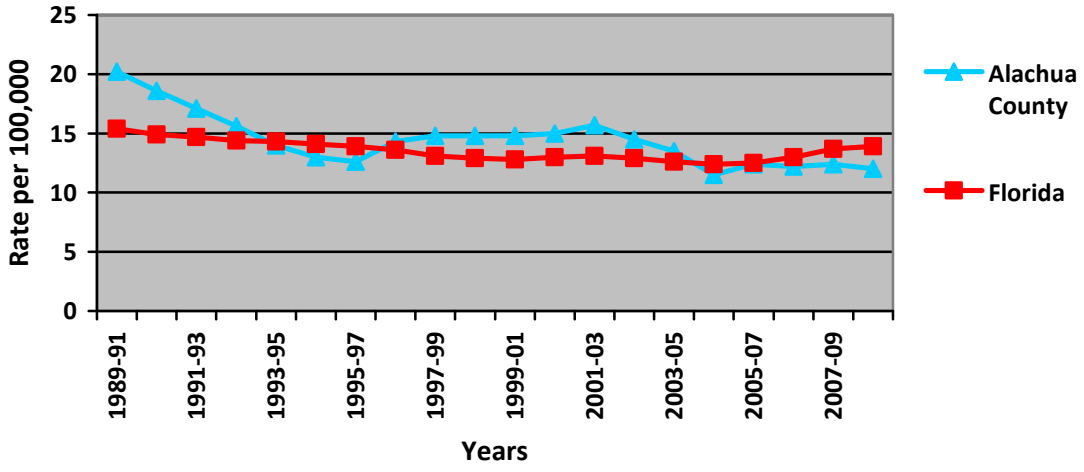
Source: Rates are per 100,000 and based on data from 2009 analysis done by WellFlorida Council. Provided by the Oral Health Coalition of Alachua County

BEHAVIORAL HEALTH

Mental and behavioral health is a key component of a community's overall health status. Indicators that are included as measures of behavioral health are suicide death rates, mental health hospitalizations and rates of Baker Act initiation.

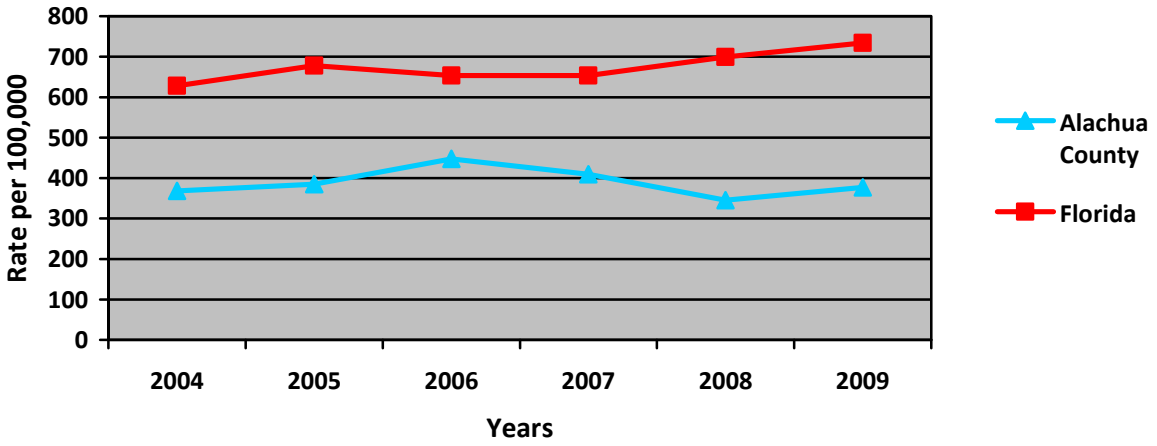
Figure 3-15 displays three year rolling suicide death rates for Alachua County and the State of Florida. Alachua County's rates have been similar to the state rates, until recently (between the years of 2003 and 2005), when the county's rate declined and is now slightly below the state's rate. Between 2008 and 2010, the suicide rate in Alachua County was in the first quartile in the state. Baker Act initiation rates for Alachua County and the state are shown in Figure 3-16. The rate for Alachua County residents has been lower than the state between 2004 and 2009.

Figure 3-15: Suicide Age-Adjusted Rolling Death Rates



Source: www.FloridaCHARTS.com

Figure 3-16: Baker Act Initiations, Alachua County and Florida



Source: www.FloridaCHARTS.com

Although rates for mental health indicators for hospitalizations are lower than the state rates, it is important to recognize the cost of the lack of out-patient mental health services. Psychosis, which is only one mental health diagnosis, has been one of the most common causes of in-patient admissions. It has ranked in the top 3-5 reasons from 2004 to 2007. As demonstrated in Table 3-22, psychosis accounted for an average of 657 discharges each year and was responsible for an average of 5,778 hospital days annually.

Table 3-22: Number and Percent of Hospital Visits due to Psychosis, 2004-2009

Year	Number of Discharges	Percent of Discharges	Number of Patient Days	Percent of Patient Days
2004	607	2.4	5,599	4.5
2005	653	2.6	5,810	4.7
2006	635	2.5	5,761	4.6
2007	617	2.4	5,167	4.2
2008	686	2.4	5,102	3.8
2009	745	2.7	7,234	5.6

Source: AHCA discharge data. Provided by WellFlorida Council.

The questions regarding mental health included on the BRFSS are shown in Table 3-23. Answers to this survey show that about 90% of adults report they have good mental health and that they experienced about three poor mental health days in the last 30 days. Furthermore, the report indicated that poor mental health interfered with activities of daily living on almost five out of the last 30 days.

Table 3-23: Mental Health Indicators (BRFSS)

Indicator	Alachua County			Florida 2010
	2002 Measure	2007 Measure	2010 Measure	
Percentage of adults with good mental health	-	89.8%	90.1%	88.2%
Average number of days where poor mental health interfered with activities of daily living in the past 30 days	-	2.3	4.9	5.2
Average number of unhealthy mental days in the past 30 days	-	3.2	3.3	3.8

Source: 2002-10 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

SUMMARY

Chronic Conditions

Cancer is the leading cause of death among Alachua County residents and is now considered to be largely preventable. Over the last two decades, death rates from cancer in Alachua County have been declining but persistent racial disparities still exist. In the most recent years, the cancer death rate among AA has increased slightly, while screening for cancers has in some cases been decreasing.

Death rates from stroke have been declining over the last two decades, although mortality among Alachua County residents has been consistently higher than the state average. The rates among AA have been much higher than among whites and, in general, higher than the state rate for AA. Beginning in 2004, the mortality rates among Alachua County's AA had leveled and more recently have begun to increase. The reported incidence of hypertension has increased and, as shown in Table 2-6, hospitalizations due to hypertension increased between 2007 and 2010.

Diabetes related mortality in Alachua County is higher than the state average and has not shown a consistent trend toward improvement. The county's rate of amputation due to diabetes has been consistently higher than the state rate and the hospital rate for diabetes is higher and has been increasing. Survey data suggest that diabetes self management is deteriorating.

Communicable Diseases

Alachua County's rates of sexually transmitted diseases are in the fourth quartile. The rate of immunizations among children enrolling in kindergarten is lower than the state average.

Maternal and Child Health

Alachua County's rates of infant mortality and low birth weight are higher that the state rates and have been for at least two decades. Factors that that may account for the poor outcomes include: repeat pregnancy among 15-19 years olds, pregnancy among both unwed mothers 15-19 and mothers 30 years and older, late entry to care and smoking during pregnancy.

Child health indicators that are in the fourth quartile of the state include: infants in foster care, children covered by KidCare, children entering kindergarten fully immunized and children aged 3-5 with disabilities who receive pre-K services.

Oral Health

ER use for avoidable oral health issues, Medicaid utilization data and data from oral health screenings of third graders suggest many citizens, both children and adults, suffer from poor oral health, partly due to lack of access to preventive and other oral health services. In 2009, the use of ER services for oral health reasons was higher than the state average and the number of encounters and associated expenditures has been increasing for the last four years.

Behavioral Health

Access to needed behavioral health services is key to overall health. The lack of adequate outpatient services is reflected in high rates of visits to the emergency room for behavioral health services.

Technical Notes

Death rates- All death rates in this chapter unless otherwise noted are age-adjusted which means they have been statistically modified to eliminate the effect of different age distributions when compared to the population of the State of Florida

First trimester enrollment– live births receiving prenatal care in the first trimester of a pregnancy

Low birth weight – a birth weight of less than 2,500 grams

Mortality is another word for death.

Perinatal - relating to the period from the twentieth week of gestation to four weeks after birth.

Quartile- Quartiles are calculated by ordering a rate from most favorable to least favorable to the most favorable by county and dividing the list into 4 equal-size groups. First quartile always refers to the best group and fourth quartile always refers to the worst group.

Infant death - the death of a live-born child before 1 year of age.

Rolling rates – a rate that has been calculated to incorporate more than one frame of time.

Vaccine preventable diseases- includes Diphtheria, HIB <5, Hepatitis B <19, Measles <19, Mumps, Rubella, Polio, Tetanus and Pertussis <7

Very low birth weight – a birth weight of less than 1,500 grams

CHAPTER 4: HEALTH RELATED FACTORS

The Health Outcomes described in Chapter 3 are a result of several factors including socioeconomic characteristics described in Chapter 1 and access to care which is discussed in Chapter 2. This chapter describes other factors such as body weight and smoking behaviors that have a direct physical link to health, as well as some of the social factors that affect an individual or family's ability to pursue health.

BODY WEIGHT AND ACTIVITY

Adults

The BRFSS survey includes questions about height and weight which is then used to calculate each respondent's body mass index (BMI). In 2010, 38.5% of adults were considered overweight and 21.6% were obese, for a total of 60.1% who were considered either overweight or obese. Alachua County's rate of obesity is lower than the state's and the rate of overweight or obese residents in the county has decreased from 63.3% in 2007. This was a refreshing reversal of the increase that was seen between 2002 and 2007 when the rate increased from 50.7% to 63.3%. (See Table 4-1.)

Table 4-1: Overweight and Obese Adults (BRFSS), Alachua County and Florida, 2002, 2007, and 2010

Indicator	Alachua County			Florida
	2002	2007	2010	(2010)
Percentage of adults who are overweight	36.1	37.8	38.5	37.8
Percentage of adults who are obese	14.7	25.4	21.6	27.2
Percentage of adults who are overweight or obese	50.7	63.3	60.1	65.0

Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology Section, 2002, 2007, and 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

Youth

The Florida Department of Health data on BMI and activity among youth is displayed in Table 4-2 and Table 4-3.

In 2010, 8.2% of Alachua's middle school students were at or above the 95th percentile for weight, which means they are at risk for obesity, and 29.8% did not get sufficient vigorous exercise. The percent of middle school children at risk for obesity decreased between 2008 and 2010 and somewhat fewer are without sufficient vigorous exercise.

Among high school students in 2010, 13.9% were at or above the 95th percentile for weight, which is higher than the state rate and represents an increase in overweight high school students compared to 2008. Although 35.4% of Alachua County's high school students were without sufficient vigorous physical activity, the county rate is somewhat better than that of the state, which, in 2010, was 39.1%. Data in these tables suggest that as Alachua County's children get older, they are becoming more at risk for unhealthy weights.

Table 4-2: Percent of School Children with BMI's at or above the 95th Percentile

School Type	Alachua County		Florida	
	2008	2010	2008	2010
Middle School	11.5	8.2	11.3	11.7
High School	9.8	13.9	11.0	11.4

Source: www.FloridaCHARTS.com

Table 4-3: Percent of School Children Without Sufficient Activity, Alachua County and Florida

School Type	Alachua County		Florida	
	2008	2010	2008	2010
Middle School	32.2	29.8	31.6	30.7
High School	34.7	35.4	40.6	39.1

Source: www.FloridaCHARTS.com

SMOKING

There are relatively fewer smokers in Alachua County compared to the state and the rate decreased by about 1 percentage point between 2007 and 2010. A higher percent of men smoke compared to women and, between 2007 and 2010, the rate among men increased from 13.4% to 17.1%, whereas in women it decreased. Unlike the rest of the state, the incidence of smoking among African Americans (AA) is higher than it is among whites. The reported smoking behavior among AA in 2010 appears to be due to relatively high smoking rates among AA females (21.3% were smokers). Smoking is more common among adults with annual incomes of less than $25,000, with less than a high school education, and who are unmarried.

Table 4-4: Smoking Among Adults (BRFSS), Alachua County and Florida, 2002, 2007, and 2010

Indicator	Alachua County			Florida (2010)
	2002 Measure	2007 Measure	2010 Measure	
Percentage of adults who are current smokers	18.8	15.5	14.4	17.1
Race and Gender				
Men	21.7	13.4	17.1	18.4
Women	16.0	17.4	11.8	16.0
African Americans	27.2	14.8	21.5	13.7
Whites	19.1	17.3	12.3	18.4
African American men	-	-	-	19.0
African American women	21.6	21.6	21.3	9.7
Socioeconomic				
Less than $25,000	27.8	28.8	38.8	26.5
$25,000 - $50,000	22.2	17.5	11.0	18.0
More than $50,000	11.4	9.1	6.4	11.7
Less than High School	33.7	38.8	30.9	28.3
High School/Some College	26.7	18.2	25.7	24.3
Four years or more of college	15.4	14.0	10.0	12.9
Married	11.3	11.9	9.6	14.3
Not Married	26.0	21.0	21.9	22.3

Source: Florida Department of Health, Division of Disease Control, Bureau of Epidemiology Section, 2002, 2007, and 2010 Florida Behavioral Risk Factor Surveillance System (BRFSS) Data Report.

SOCIAL DETERMINANTS

There is an increased understanding of the role social determinants play in contribution to the health of a community and its members. Chapter One reviews some of the key indicators including poverty, education and employment. Chapter Two describes insurance status, which is in great part tied to income and employment. This section adds more detail on social issues that contribute to the outcomes described in the other sections.

Education

Socioeconomic status is a key indicator of health outcomes. The ability to acquire and retain a job that confers positive social status, pays well and includes benefits is tied to educational status. Two indicators are included in this section: an evaluation of school readiness at kindergarten and high school graduation rates. The United Way of North Central Florida reviewed the educational outcomes for children enrolled in Alachua County schools and found the following:

- 22% of students do not graduate high school on time, or at all.
- 35% of African-Americans do not graduate high school on time or at all.
- 76% of students in alternate high schools do not graduate.
- 29% of all 3rd graders do not read at grade level as measured by the Florida Comprehensive Assessment Test (FCAT2.0).
- 39% of children on free and reduced lunch do not read at grade level.
- 48% of African American 3rd graders do not read at grade level.
- 51% of the 3rd graders are not reading at grade level if they attend a school in which more than 71% of the students are on free or reduced lunch.

Review of additional data describing the educational abilities and performance of our youth suggest some areas that would benefit from intervention. Table 4-5 shows that in school year 2009-10, only 86.1% of children entering kindergarten demonstrated the skills indicating readiness to learn. This was lower than the state rate of 88.5% and lower than the prior year.

Table 4-5: School Readiness at Kindergarten Entry[1]

School Years	Alachua County	Florida
2004-05	85.0	84.0
2005-06	82.0	82.0
2006-07	87.0	86.0
2007-08	86.0	88.0
2008-09	88.0	87.9
2009-10	86.1	88.5

Source: Department of Education Office of Early Learning. Provided by www.FloridaCHARTS.com
[1]Percent scoring as "ready"

Table 4-6 shows the percent of students who graduate from high school by type of high school and race. Although the graduation rates have been improving over the last several years,

disparities remain among AA and other students. Only 79% percent of African Americans graduate from traditional high school, compared to 90% of whites and 89% of Hispanics. The graduation rates are lower among youth attending alternate schools, but the racial disparities persist, with only 17% of AA students graduating compared to 33% of white students.

Table 4-6: Graduation Rates by Race and Type of School

Alachua County High School Graduation Rates	Traditional High School Programs (N=7)		Alternate High School Programs (N=5)	
	Total Number of Senior Students	Percent Graduating	Total Number Students	Percent Graduating
All Students	1,826	83	183	24
White	1,005	90	49	33
African American	576	79	110	17
Hispanic	97	89	13	38

Source: Alachua County School Board- Provided by: United Way

Table 4-7 displays the reading ability by school and illustrates the impact of race and income on performance. In schools in which more than 70% of children are minorities, only 52% of third graders are reading at or above grade level. In schools in which more than 70% of children were eligible for free or reduced price lunch, less than half the third graders were reading at or above grade level. The data show lower performance among children who are minority and low income and suggest that the disparities become worse over time.

Table 4-7: Percent of students reading at or above grade-level by school-level demographics for 2010-2011 for 3rd and 4th grade

Demographic Description of Schools	Percent reading at or above a score of 3	
	3rd grade	4th grade
% School Minority Students		
Less than 40%	84%	81%
41-70%	73%	73%
More than 70%	52%	49%
% School Eligible Free & Reduced Lunch		
Less than 40%	87%	88%
41-70%	78%	75%
More than 70%	49%	47%

Source: Alachua County School Board- Provided by: United Way

Safety

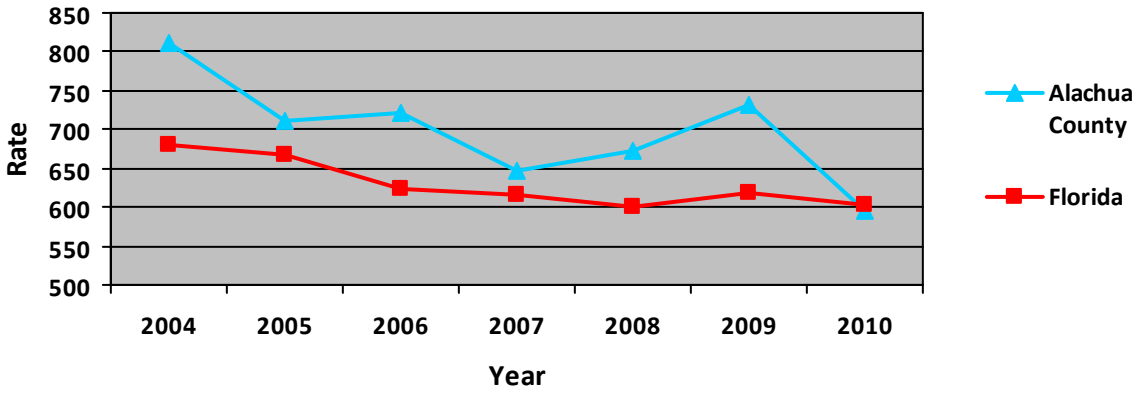
Families that are struggling with violence have difficulty focusing on health issues. In addition, the emotional and physical stress associated with family violence contributes to physical deterioration of household members as well as the victims.

Domestic Violence

Figure 4-1 shows the incidence of domestic violence between 2004 and 2010 in both Alachua County and Florida. The rates in Alachua County have been somewhat higher than those of the state until 2010 when the rates were essentially the same. Between 2008 and 2010, there were

an average of 1,700 reports annually and in 2010 there were 1,537 domestic violence offenses reported for Alachua County residents. (Data not shown)

Figure 4-1: Rate of Domestic Violence Offenses per 100,000, 2004-2010



Source: www.FloridaCHARTS.com

Child Abuse

Table 4-8 shows data describing child abuse reports for the 12 month period between October 2010 and September 2011. There were 3,604 reports of child abuse. After investigation, 978 cases of abuse or neglect were identified. Of these, 432 were for neglect, 112 were for physical abuse and 23 were for sexual abuse. The county ranks 11th in the state for identified instances of abuse and neglect (only 10 counties had higher rates per capita), 15th for neglect, 4th for physical abuse and 37th for sexual abuse. The high incidence of identified child abuse does not seem to be due to increased reporting, as Alachua ranks 30th in reporting.

Table 4-8: Children in Alachua County Subject to Child Abuse (October 2010-November 2011)

Indicator	Count	Rate[2]	State Rate[2]	County Ranking[1]
Children Subject of Maltreatment Response	3,604	60.0	47.0	30
Victim Reports – General	978	16.3	9.4	11
Victim Reports of Neglect	432	7.2	4.4	15
Victim Reports – Physical Abuse	112	1.9	0.7	4
Victim Reports – Sexual Abuse	23	0.4	0.4	37
Victim Reports – Other Abuse	411	6.9	3.9	7.5

Source: http://www.fosteringcourtimprovement.org/fl/County/Alachua/

[1]Out of 67 Florida Counties

[2]Rates are either per 10,000 or percent

CHAPTER 5: HEALTH DISPARITIES

This chapter includes a brief overview of some populations exhibiting health disparities for which data are readily available. It is not intended to imply that these are the only populations at risk in Alachua County. Interim or subsequent assessments may include data on other groups of interest, such as the developmentally disabled and elders. This section will include a review of health related data on minorities and the homeless, as well as disparities by area of residence.

Technical Notes: Terms used in this Chapter that are defined or explained in the technical notes at the end are underlined the first time they are used.

MINORITY HEALTH

The issue of disparities in health outcomes between whites and African Americans (AA) in Alachua County was introduced in Chapter 3. Table 5-1 includes a subset of data compiled by the Florida Department of Health, specifically developed to describe racial disparities in the county. African Americans have lower incomes, less education, higher unemployment and, in general, worse health outcomes. The worse disparities (3:1 ratio or worse) in chronic disease related health problems (listed in descending order) are: death rate from AIDS, death from diabetes, hospitalizations from diabetes, and adults who have had a stroke. However, there are instances in which AA have better outcomes. These include lower mortality rates from lung cancer, unintentional injuries, suicide and liver disease. Death rates are similar to whites for Alzheimer's and chronic lower respiratory disease.

Table 5-1: Alachua County Minority Health Profile- Black

Measure	Rate Type	Alachua County			Florida		
		Black	White	B/W Ratio	Black	White	B/W Ratio
Socio-Demographic Characteristics							
Individuals below poverty level	Percent	31.90%	19.30%	**1.7:1**	25.90%	9.50%	**2.7:1**
Civilian labor force which is unemployed	Percent	12.60%	5.60%	**2.3:1**	10.30%	4.60%	**2.2:1**
Individuals 25 years and over with no high school diploma	Percent	29.00%	8.50%	**3.4:1**	33.00%	17.50%	**1.9:1**
Access to Care							
Age-adjusted asthma hospitalization rate	Per 100,000	1534.8	547.3	**2.8:1**	1205.2	644.7	**1.9:1**
Maternal and Child Health							
Births to mothers ages 15-19	Per 1,000	53.4	12.8	**4.2:1**	57.2	31.2	**1.8:1**
Births to mothers over 18 without high school education	Percent	19.10%	7.00%	**2.7:1**	17.10%	15.30%	**1.1:1**
Births < 1500 grams (very low birth weight)	Percent	3.30%	1.40%	**2.3:1**	3.00%	1.20%	**2.5:1**
Births < 2500 grams (low birth weight)	Percent	13.20%	6.90%	**1.9:1**	13.60%	7.20%	**1.9:1**
Fetal deaths	Per	12.9	4.9	**2.6:1**	12.7	5.6	**2.3:1**

	1,000						
Sudden Unexpected Infant Deaths (SUID)	Per 100,000	147.2*	56.5*	**2.6:1**	178.7	73.1	**2.4:1**
Maternal deaths	Per 100,000	73.6*	18.8*	**3.9:1**	37.1	15.4	**2.4:1**
Injuries and Injury-related Deaths							
Age-adjusted homicide death rate	Per 100,000	11.1	2.1	**5.2:1**	16.8	4.1	**4.1:1**
Hospitalizations for non-fatal firearm injuries	Per 100,000	14.7	4.6	**3.2:1**	30.6	4.8	**6.4:1**
Cardiovascular							
Adults who have ever had a heart attack, angina or coronary heart disease	Percent	13.40%	5.60%	**2.4:1**	7.60%	10.60%	**0.7:1**
Adults who have ever had a stroke	Percent	6.70%	2.30%	**3:1**	3.80%	3.50%	**1.1:1**
Age-adjusted hospitalization rate	Per 100,000	125.7	49.5	**2.5:1**	263.8	101.6	**2.6:1**
Cancer							
Prostate Cancer Age-adjusted death rate	Per 100,000	43.6	14.9	**2.9:1**	41.9	15.7	**2.7:1**
Breast Cancer Age-adjusted incidence rate	Per 100,000	12.0*	7.1	**1.7:1**	11.1	8.6	**1.3:1**
Diabetes							
Age-adjusted death rate	Per 100,000	57.2	19.8	**2.9:1**	39.9	17.4	**2.3:1**
Age-adjusted hospitalization rate	Per 100,000	5064	1832.9	**2.8:1**	4264.2	1867.8	**2.3:1**
Hospitalizations from amputation due to diabetes	Per 100,000	80.5	19.1	**4.2:1**	68	19.6	**3.5:1**
Adults with diagnosed diabetes	Percent	17.60%	3.40%	**5.2:1**	13.40%	10.10%	**1.3:1**
HIV/AIDS							
Reported AIDS Cases	Per 100,000	50.9	7.2	**7:1**	71.7	7.3	**9.9:1**
Age-adjusted HIV/AIDS death rate	Per 100,000	23.3	1.4	**17:1**	26.1	3	**8.8:1**

Source: www.FloridaCHARTS.com

*denotes rates based on fewer than five events are considered unstable use caution when interpreting these rates

According to BRFSS data, the incidence of smoking among both races decreased between 2002 and 2007. Smoking among whites continued to decrease in 2010 but increased among AA between 2007 and 2010. The small sample sizes result in wide confidence intervals, which make conclusions difficult to draw. However, smoking rates among AA in Alachua County may be an issue worth more study. The most recent data on lung cancer mortality rates (Chapter 3) show an increase among AA.

Table 5-2: Percent of Current Smokers (with Confidence Intervals) by Race; BRFSS; Alachua County

Race	2002	2007	2010
All	18.8	15.5	14.4
White-non Hispanic	19.1	17.3	12.3
Black-non-Hispanic	27.2	14.8	21.5

Source: www.FloridaCHARTS.com

Homeless

Data on the homeless are collected every January, during the "point in time survey" conducted by the Alachua County Coalition for the Homeless and Hungry. The total count and demographics are available from the 2012 survey, but the most recent detail on other factors is from the data collected in 2011. The total number of homeless has increased from 952 in 2007 to 2,094 in 2012. The homeless are predominantly male (73%); 43% are African American, 48% are white and, 5% are Hispanic.

Table 5-3: Summary of Homeless Count

Counts	2007	2008	2009	2010	2011	2012
Shelter	278	352	336	365	571	543
Unsheltered	395	616	740	672	816	1,235
Street	325	465	626	575	658	1,107
Jail	51	115	80	72	129	117
Hospital	19	36	34	25	29	11
School Board	279	397	518	234	394	316
Total	**952**	**1,365**	**1,594**	**1,271**	**1,781**	**2,094**

Source: Point in Time Survey, Coalition for Homeless and Hungry

The majority (64.6%) were between 18-59 years old and almost one quarter (24.3%) lacked a high school diploma or GED; 45.1% had a high school degree or GED; 19.5% had some college and; 8.1% had a college degree. Almost 18% of the homeless had children. Thirty six percent had been in prison or jail and 36% were veterans.

Table 5-4: Homeless Population Demographics from 2011[1]

Indicator	Percent	Number
Male	72.5	520
Female	27.5	196
Age Groups		
Under 18	27.1	482
18-59	64.6	1150
60 and over	8.3	149
Race[2]		
Black	42.7	317
White	48.1	357
Other	14.3	103
Families with kids		
With kids	17.7	246
Without kids	82.6	1141
Veteran Status		
Veteran	36.0	468
Non veteran	64.0	831
Education Levels		
Less then HS	24.3	-
HS/GED	45.1	-
Some College	19.5	-
College Degree	8.1	-
Trade Certificate	2.9	-

Source: Point in Time Survey, Coalition for the Homeless and Hungry

[1]Data from 2012 survey

[2] Some people self identified with more than one race

Reasons cited for being homeless include unemployment (42.8%), drug/alcohol problems (8.9%), physical/medical problems (6.9%) and being a disabled veteran (5.8%). Almost half (45.9%) reported using the ER in the last year and 36% experienced an in-patient hospital stay. Almost 63% report having at least one disability: 38.8% reported a physical disability, 28.3% reported a mental disability, 25.6% reported an addiction and 39.7% said the disability prevents them from working.

Table 5-5: Homeless Population Description

Indicators	Percent	Indicators	Percent
Cause of Homelessness		**Unmet Needs**	
Unemployed/lost job	42.8	Shelter	38.4
Disabled Veteran	5.8	Permanent housing	69.5
Physical/mental problems	6.9	Healthcare	42.7
Alcohol/drug problems	8.9	Dental Care	47.0
Other	8.2	Transportation	45.1

Source: Point in Time Survey, Coalition for the Homeless and Hungry

Table 5-6: Homeless Population Description (Healthcare)

Indicators	Percent
ER USE	
Yes	45.9
No	54.1
Hospital Discharge	
Yes	36.0
No	64.0
Disabilities	
Physical	38.8
Mental	28.3
Addiction	25.6

Source: Point in Time Survey, Coalition for the Homeless and Hungry

Health care was cited as an unmet need by 42.7% of the homeless and lack of dental care was cited by 47%. The frequent use of the ER for medical care may result in the perception that medical care is available.

Residence

A review of the data in this section provides support for the concept of "where we live makes a difference to our health".

Avoidable Hospital Services

The hospital data discussed below are organized by ZIP Code. A map showing ZIP codes is given in Figure 5-1.

Figure 5-1: Alachua County ZIP Codes

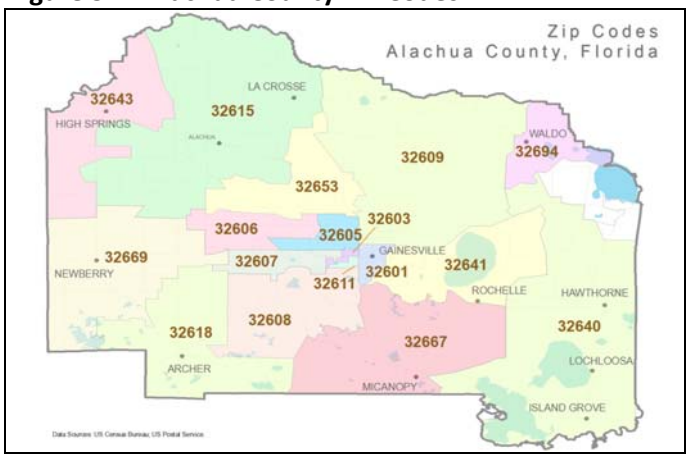


Table 5-7 summarizes avoidable use of hospital services. The data are presented by both the total number of encounters in the ZIP code and by the number of events per 1,000 residents. Although the number of events would be more relevant if designing an intervention, the events per 1,000, is a better reflection of the risk of residing in that ZIP code.

The ZIP codes responsible for rates of in-patient use that are higher than the average for the county (listed in descending order) are from residents of: 32641, 32694 (Waldo), 32609, 32640 (Hawthorne), 32601, 32643 (High Springs), 32669 (Newberry), 32615 (Alachua). The highest numbers of in-patient hospitalizations come from (listed in descending order): 32608, 32609, 32641, 32601 and 32607. These five ZIP codes account for almost 57% of all the avoidable hospital admissions. (Data in Table 5-7)

Table 5-7: Number of Avoidable Discharges and Rate Per 1,000 Population, 0 - 64 Years of Age by ZIP Code, Alachua County and Florida, 2008-2010

Area	Average Discharges 2008-10	Rate Per 1,000 Population
32641 – Gainesville	285	25.58
32694 – Waldo	18	18.96
32609 – Gainesville	149	17.47
32640 – Hawthorne	142	14.79
32601 – Gainesville	267	14.46
32643 – High Springs	348	14.41
32669 – Newberry	329	13.45
32615 – Alachua	5	12.89
32667 – Micanopy	170	12.00
32610 – Archer	96	10.69
32607 – Gainesville	3	10.19
32608 – Gainesville	150	9.72
32653 – Gainesville	306	8.79
32606 – Gainesville	133	7.64
32605 – Gainesville	95	6.96
32631 – Earleton	50	6.04
32603 – Gainesville	120	2.50
32611 – Gainesville	32	1.09
Alachua County	2,699	12.21
Florida	217,441	13.95

Source: Agency for Health Care Administration Detailed Discharge Data, 2008-2010; ESRI Business Solutions, 2008-2010. Provided by WellFlorida Council.

The avoidable ER visits are shown in Table 5-8. The ZIP codes representing the incidence of avoidable emergency room encounters that are higher than the average for the county are (listed in descending order): 32641, 32694 (Waldo), 32609, 32601, 32607, 32640 (Hawthorne). ZIP codes contributing the largest number of ER visits are (listed in descending order): 32608, 32607, 32641, 32609, and 32601. These five ZIP codes contribute 60% of all avoidable ER visits.

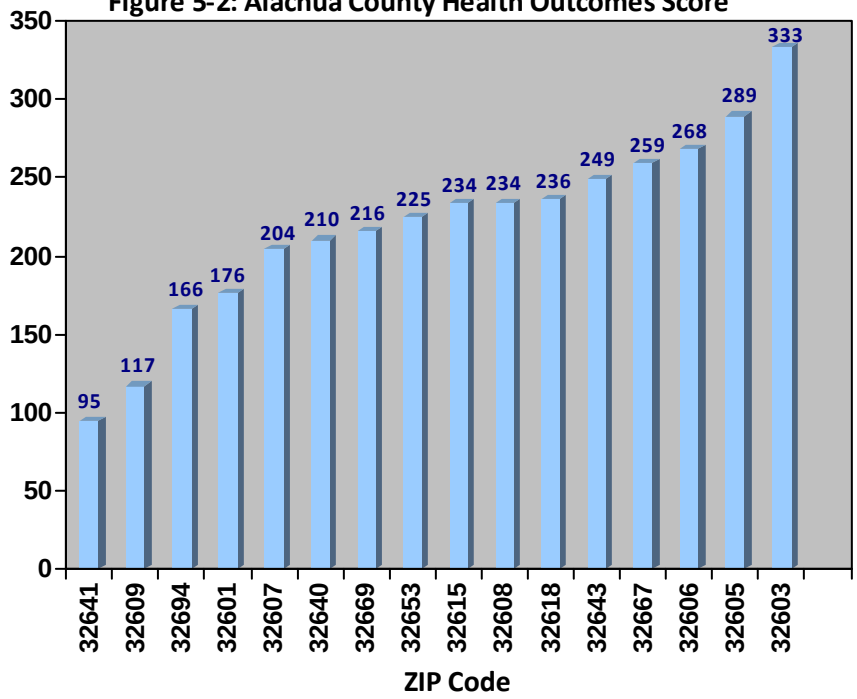
Table 5-8: High Risk Section ZIP Codes: Number of Avoidable ER Visits and Rate Per 1,000 population by ZIP Code, Alachua County and Florida, 2008-2010*

Area	Average ER Visits	Rate Per 1,000 Population
32641 – Gainesville	3,277	244.12
32694 – Waldo	383	190.16
32609 – Gainesville	3,221	155.35
32601 – Gainesville	2,769	132.01
32607 – Gainesville	3,726	130.95
32640 – Hawthorne	1,422	115.55
32669 – Newberry	1,098	108.23
32615 – Alachua	1,599	106.69
32608 – Gainesville	3,956	102.55
32643 – High Springs	1,092	101.69
32618 – Archer	864	85.74
32653 – Gainesville	983	78.20
32667 – Micanopy	375	74.57
32606 – Gainesville	1,489	69.53
32631 – Earleton	40	67.94
32605 – Gainesville	1,602	62.47
32603 – Gainesville	210	27.94
32611 – Gainesville	88	17.79
Alachua County	28,200	114.36
Florida	2,960,628	155.66

Source: Broward Regional Health Planning Council, ESRI Business Solutions, 2008-2010.
ER Visits are classified into four categories using the NYU Algorithm:
(1) Non Emergent
(2) Emergent/primary care treatable
(3) Emergent/emergency room care required but preventable/avoidable
(4) Emergent/emergency room care required, not preventable/avoidable.
Therefore, the first three were combined to create the total number of avoidable ED visits

A compilation of health outcomes was used by the University of Florida College of Medicine Family Data Center to assign an overall health outcome score to each ZIP code in Alachua County. The results are shown in Figure 5-2. The data used to develop the ranking included: socioeconomic indicators, such as income and education; birth outcomes such as low birth weight and infant death; mortality data; rates of sexually transmitted infections and, other measures including child maltreatment and available use of hospital services. Among the 16 ZIP codes in Alachua County, the 5 unhealthiest ZIP codes were (listed in order of lowest ranking first): 32641, 32609, 32601, and 32607. The healthiest were (listed in descending order): 32603, 32605, 32606, 32667 and 32643.

Figure 5-2: Alachua County Health Outcomes Score[1]



Source: UF Family Data Center, Dr. Nancy Hardt
[1]Higher scores indicate healthier ZIP codes

School Children

Data reflecting indicators of children's income and health by the elementary school attended are shown in Table 5-9. The Table shows the percent of all children in the school who are eligible for free or reduced lunch, the percent of untreated caries identified in third graders and the percent of all children in the school children who are overweight. The data are arranged by school with the highest percent of free and reduced lunch listed first. It is interesting to note both the similarities and discrepancies in the rank order of the indicators.

Table 5-9: Health Indicators for Elementary School Aged Children

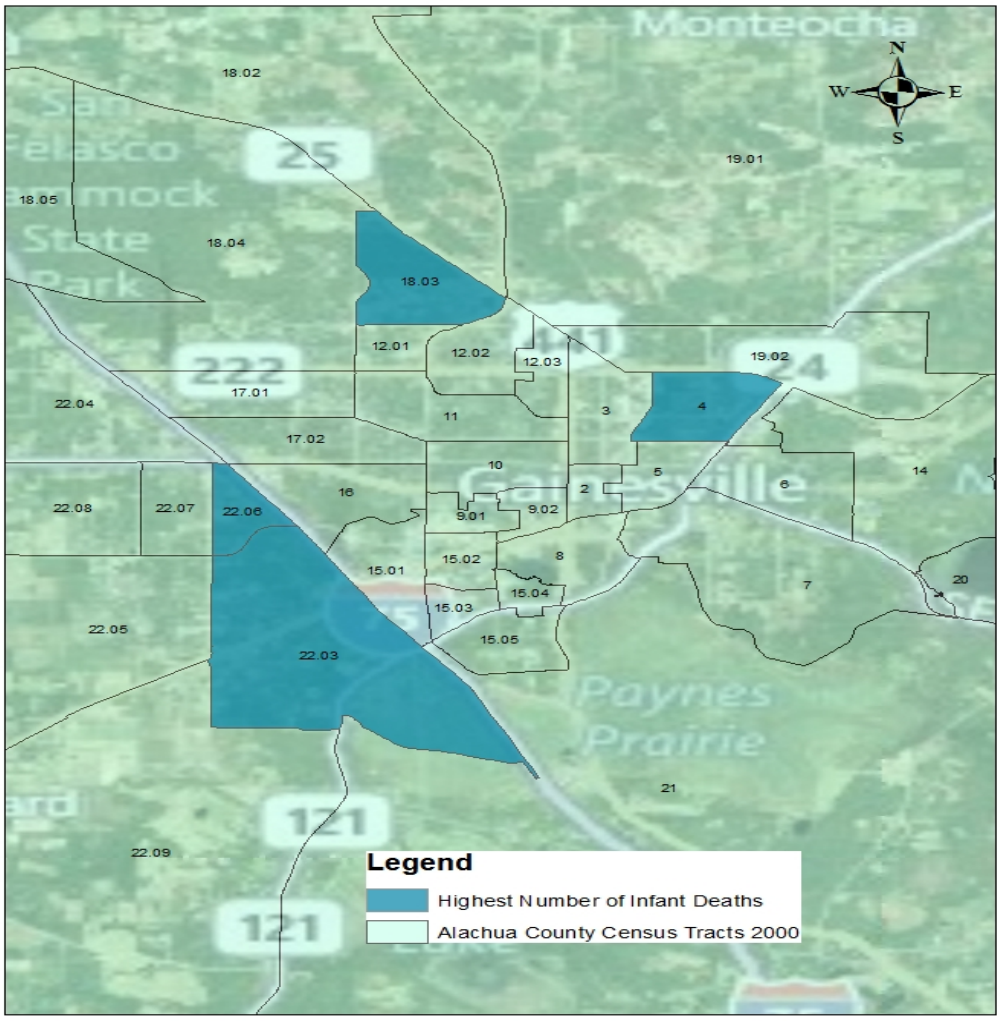
School	Percent Free or Reduced Lunch[1]	Percent Untreated Caries[2]	Percent Overweight or Obese[3]
M.K. Rawlings	98.6	26.5	37.0
Lake Forest Elementary	94.6	40.0	-
W.A. Metcalfe	93.4	43.9	32.1
C.W. Duval Elementary	92.7	29.1	-
Chester Shell	89.0	42.9	34.1
Myra Terwilliger	83.2	44.0	41.6
Idylwild Elementary	82.1	39.0	28.7
Waldo Community	80.5	31.6	34.9
Joseph Williams	69.9	31.7	32.8
Alachua Elementary	64.2	38.2	31.9
Stephen Foster	61.8	26.8	-
Archer Community	57.0	32.0	34.4
Newberry Elementary	55.4	29.2	34.5
C. W. Norton	54.4	27.2	28.9
Littlewood Elementary	54.4	19.8	-
J.J. Finley Elementary	51.2	46.0	-
Lawton Chiles	43.6	15.3	30.0
Kimball Wiles	43.1	25.4	30.4
Glen Springs Elementary	42.2	15.6	24.3
High Springs Community	39.1	21.1	-
William Talbot	21.5	8.2	26.4
Hidden Oak Elementary	16.1	12.4	34.2
Average	**63.1**	**29.3**	**31.5**

Source: [1] Data from Food and Nutrition Services Alachua County School Board (ACSB)
[2] Oral Health Coalition of Alachua County
[3] ACSB data analyzed and provided by UF Family Data Center

Infant death

Census tracts are smaller geographical units and are not coincidental with ZIP codes. The US Census Bureau describes demographic and socioeconomic population data by census tract and the Florida Department of Health tabulates and displays mortality data by census tracts. This provides the ability to produce a finely tuned geographic portrayal of a county's health outcome. Infant mortality is a commonly used indicator of health often used as a bell weather measure of a community's health. Among the 112 infant deaths that occurred between 2006 and 2010, 40 (36%) of them occurred in four of the 43 Alachua County census tracts. The census tracts were 2206, 0400, 1803, and 2203. (In 2010 the census tracts 2206 and 2203 were subdivided into 4 different census tracts)

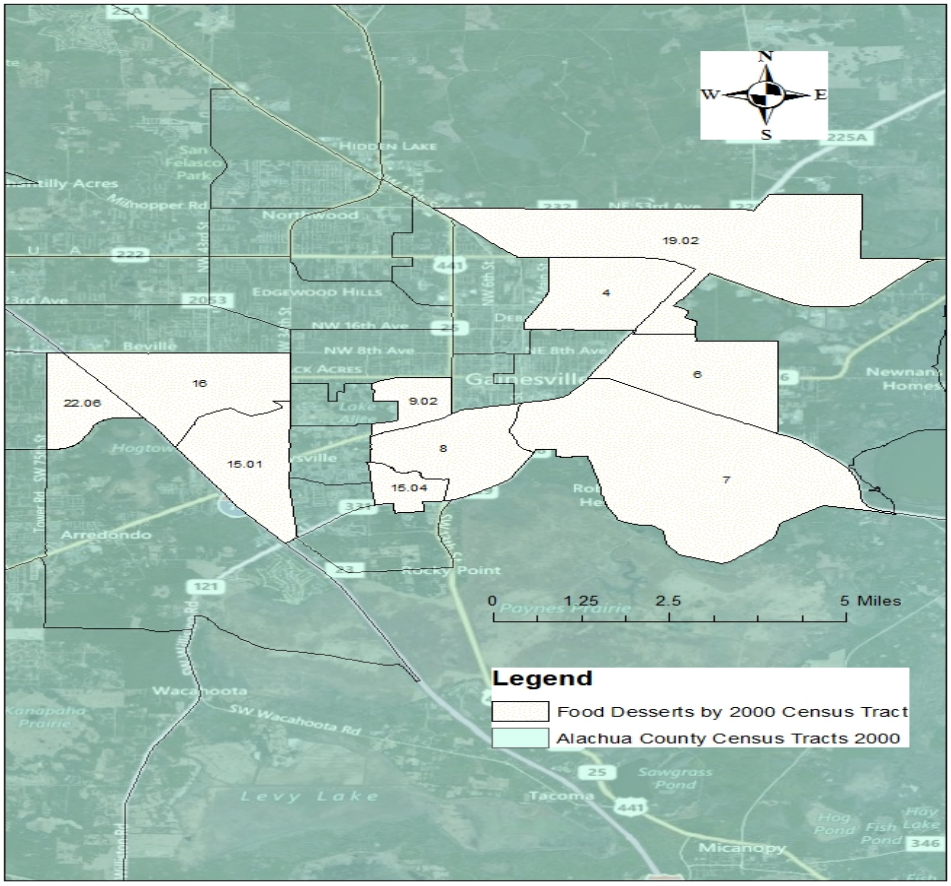
Figure 5-3: Alachua County Census Tracts



Access to Healthy Foods

The obesity epidemic is contributing to a thoughtful review of factors related to food consumption. Although a multitude of factors contribute to the foods people chose to eat, a factor relevant to this discussion is area of residence. Recent conversations about food choices have resulted in the realization that people residing in some areas have limited access to healthy, fresh foods. These areas are called food deserts and the locator map of Alachua County food deserts is shown in Figure 5-4.

Fig 5-4: Food Deserts in Alachua County



Technical Notes

Health Outcome Scores (figure 5-2) The University of Florida Family Data Center used publicly available countywide health and demographic statistics to create a simple tool for ranking Alachua County by ZIP Codes. Selected demographics and health outcome data were included in this tool. Each data element was used to rank 16 ZIP codes from unhealthiest to healthiest; the individual rankings were summed to provide overall health rankings. The data came from the following categories: Demographic and Socioeconomic Factors, Birth Indicators Death Rates, Infectious Disease Rates, Child Protection and Safety and Health Care Utilization. For more information, see the website http://familydata.health.ufl.edu/community-outreach/cara-project/alachua-county-health-report-card/

Food desert – urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food

CHAPTER 6: COMMUNITY ASSETS

Alachua County has a wealth of health related resources. It has a robust private sector network that includes primary care physicians, specialists and sub-specialists, as well as other providers including midwives, mental health counselors, physical therapists, etc. The Colleges of Medicine and Nursing offer medical care to the community at several locations throughout the County. Oral health is available to residents through the private sector and the College of Dentistry. Behavioral health, including substance abuse services are also provided through independent private providers and facilities.

Despite the many health resources in the county, Alachua residents with incomes below 200% of poverty have been defined as medically underserved by the US Department of Health and Human Services. The data in Chapters Two and Three suggest unmet needs and disparities in care utilization and health status. As indicated in Chapter Two, it is estimated that approximately 32% of people with incomes below 200% of poverty are uninsured. Furthermore, among low income families the availability of insurance may not ensure access to care as the cost of co-pays and deductibles may render these services to be cost-prohibitive.

This chapter reviews the resources available to facilitate low income residents access to healthcare services. Although the private sector accepts a modest number of Medicaid and self pay patients, the data presented in this section describe the “safety net providers”. The safety net is the dominant provider of health related services for the low income population and particularly the uninsured. The safety net is composed of organizations recognized as providing the majority of direct services to low income patients (including Medicaid) and programs which ensure access to services for low income clients either through payment for services or leveraging donated services.

Medical Safety Net

The safety net providers of primary care include: ACORN (Alachua County Organization for Rural Needs), Alachua County Health Department (ACHD), Archer Family Health Care (Archer), Equal Access Clinic (EAC), Gainesville Community Ministries (GCM), Helping Hands Clinic, Palms Medical, RHAMA Mercy Clinic (RHAMA), UF Department of Community Health and Family Medicine which offers care at the East Side Clinic and Main Street Clinic, UF Mobile Health Clinic (Mobile) and the Westside Samaritans Clinic (Samaritans). A summary description of these programs is in Table 6-1.

Table 6-1: Medical Service Safety Net Providers

Program	Services	Type of Patients	Uninsured Patients	Uninsured Visits	Medicaid Patients	Medicaid Visits	Hours of Operation
ACORN	Primary Medical Care, Diabetes Management, Hypertension & Pulmonary Services, 40+ mammogram	Medicaid, Medicare, CHOICES, Uninsured/Self-Pay	519	UNK	89	UNK	Monday – Thursday 8:30am – 4:30pm, Tuesday 6:00pm – 9:00pm
Alachua County Health Department	Primary Medical Care Diabetes Management, HIV Testing & Counseling	Medicaid, Medicare, CHOICES, Other 3rd Party, Self-Pay/Uninsured	5,231	13,108	4,031	8,616	Monday – Friday 7:30am – 4:00pm
Archer Family Health Care	Primary Medical Care, Mental Care, Eye/Vision Care, Hearing Services, Pharmacy Consult Services	Medicaid, Medicare, CHOICES, Other 3rd Party, Self-Pay/Uninsured	421	2,189	268	1,242	Monday 8:00am -7:00pm, Tuesday - Friday 8:00am - 5:00pm;
East Side Clinic	Primary Medical Care, Pharmacy Consult Services	Medicaid, Medicare, CHOICES, Other 3rd Party, Self-Pay/Uninsured	483	1,079	UNK	6,882	Monday – Friday 8:00am – 5:00pm
Equal Access Clinic	Primary Medical Care, Cervical Cancer Screening, HIV Testing & Counseling	CHOICES, Uninsured/Self-Pay	UNK	675*	UNK	Included in Uninsured	Monday - Thursday beginning between 5:00 and 6:00pm
Rhama Mercy Clinic	Primary Medical Services, Pharmacy Consult Services	Uninsured/Self-Pay	129	UNK	N/A	N/A	Saturday 9:00am – 1:00pm
Gainesville Community Ministries	Primary Medical Care, Pharmacy Consult Services, HIV Testing & Counseling	Uninsured/Self-Pay	UNK	415	UNK	UNK	Tuesday 5:30pm – 7:30pm
Helping Hands Clinic	Primary Medical Care, Pharmacy Consult Services, HIV Testing	Uninsured/Self-Pay	349	2,250	N/A	N/A	Monday 5:00pm – 7:00pm, Thursday 3:00pm – 7:00pm
UF Mobile Outreach Clinic	Primary Medical Care Diabetes Management	Medicaid, Medicare, CHOICES, Other 3rd Party, Self-Pay/Uninsured	UNK	3158**	UNK	836**	Monday 10:00am – 4:00pm, 6:00pm – 9:00pm; Tuesday, Thursday 9:00am – 4:00pm; Wednesday 10:00am – 3:00pm; Friday 12:00pm – 4:00pm
Palms Medical Group	Primary Medical Care, Pharmacy Consult Services, HIV Testing & Counseling	Medicaid, Other 3rd Party, Self-Pay/Uninsured	NR-	NR-	NR-	NR-	Monday – Friday 8:00am – 5:00pm; Saturday 8:30am – 12:00pm
Westside Samaritans Clinic	Primary Medical Care, Pharmacy Consult Services	Uninsured/Self-Pay	237***	344***	N/A	N/A	Thursday 5:00pm-8:30pm
UF Main Street Clinic	Primary Medical Care, Pharmacy Consult Services	Medicaid, Medicare, CHOICES, Other 3rd Party, Self-Pay/Uninsured	1,941	2,149	Included in Uninsured	7,164	Monday – Friday 8:00am – 5:00pm

UNK-- the provider could not supply this information
N/A – the provider does not see this type of patient
NR-- the provider did not respond to repeated requests for this information
* Data is an estimate that includes visits for uninsured and those covered by third party payers
** Data for six months was extrapolated to estimate 12 month projected totals
*** Data from June 6, 2012 through November 15, 2012

Some safety net providers bill Medicaid and other providers provide free services or charge a small fee. The clinics that offer services to Medicaid generally also bill patients a discounted fee based on income (sliding scale).

Of those providing free services, several use volunteer clinicians who are offered Sovereign Immunity through the Florida Department of Health (DOH) Chapter 110 Volunteer Program. Clinics that are covered through DOH only see those who are uninsured and have incomes below 200% of poverty. These include Helping Hands, RHAMA and Samaritans. Other providers are covered by Sovereign Immunity by virtue of the employment or student status. These are providers who work in Archer, ACHD, EAC, GCM, UF and Mobile.

Equal Access is a program of the UF medical students that does not charge for care. They do not screen patients for insurance or income because they have liability protection though the University. The mobile clinic sees anyone who requests care. They screen for third party eligibility for reporting purposes but do not turn insured residents away. They do not charge either the patient or the third party payer for services. The community providers on the mobile unit are covered for liability through a courtesy faculty appointment.

Oral Health Safety Net

The safety net providers offering oral health services include: ACORN, Eastside Dental Clinic, Gainesville Community Ministries, Helping Hands Clinic Inc., the UF College of Dentistry and the WeCare Dental Clinic. (The Eastside Dental Clinic is administered by the Family Medical and Dental Clinics based in Putnam County and is not part of the University or Shands. A summary description of the services and clients seen by the oral health safety net provides is in Table 6-2.

Table 6-2: Oral Health Safety Net Providers

Program	Services	Type of Patients	Uninsured Patients	Medicaid Patients	Hours of Operation
ACORN Clinic	Comprehensive Dental Services	Medicaid, Healthy Kids, Self Pay	653	171	Monday - Thursday 8:00am – 12:00pm & 1:00pm – 4:00pm
CHOICES at UFCD	Comprehensive Dental Services	CHOICES, Self Pay	N/A	1432	Student Clinic: Monday - Thursday 8:00am – 5:00pm Clinic: Monday – Friday 8:30am – 5:00pm
Eastside Dental Center	Comprehensive Dental Services Except Dentures and Denture Repair	Medicaid, Healthy Kids, Self Pay, Other	99	703	Monday – Friday, 8:00am – 5:00pm
Gainesville Community Ministries	Comprehensive Dental Services	Self-Pay	799	N/A	Monday – Thursday 9am - 2:45pm
Helping Hands Clinic	Dental Screenings	Self-Pay (No Charge)	120*	N/A	Screenings: Monday, Thursday Patients: 1st & 3rd Monday
We Care	Comprehensive Dental Services	Self-Pay	121	N/A	Monday – Friday 8:00am – 5:00pm

* Dental services treated at ACORN Clinic

Behavioral Health Safety Net

The Safety Net providers offering Behavioral Health (Mental Health and Substance Abuse Services) include: Gainesville Community Ministries, Helping Hands Clinic and Meridian Healthcare Inc.

Table 6-3: Behavioral Health Safety Net Providers

Program	Services	Type of Patients	Uninsured Patients	Hours of Operation
Gainesville Community Ministries	Mental Health Counseling	Community access	19	Monday beginning at 5:00pm
Helping Hands Clinic	Out-patient Behavioral Health, Referral for Substance Abuse Counseling	Uninsured	147	1st&3rd Thursday and 2nd & 4th Monday 5:00pm – 7:00pm
Meridian Behavioral Health Inc	Comprehensive inpatient and outpatient Behavioral Health services	Uninsured and those covered by third party payers	2907	Monday – Friday 8:00am – 5:00pm

Additional Resources

In addition to the safety net providers some community agencies pay for, or leverage volunteer services that may be provided by either the safety net or the private sector. These include CHOICES, Alachua Cares and We Care.

CHOICES is a county-run program that pays for comprehensive medical, oral and mental health services. The services are available to adults who work at least 20 hours a week and whose incomes are less than 200% of poverty. Services are provided through the Blue Cross Blue Shield network for a small co-pay. The program, which was funded from January 2004 to December 2011 through a sales tax, is currently serving about 4,500 residents. The program is currently spending its reserves and expects to be able to sustain services through December 2013. When the funds are exhausted, the program will end and hopefully the enrollees will be transitioning to insurance products available through Medicaid expansion and the insurance exchanges.

Alachua Cares is a county-sponsored program that provides payment for medical services and pharmaceutical supplies for clients whose incomes are below 150% of FPL. Medical care is provided by a variety of community practices. The program serves between 100 – 200 patients at any given time.

We Care is a public/private partnership providing medical and dental services to uninsured and low income residents through collaboration with volunteer healthcare professionals and institutions. The collaborators include: Alachua County Medical Society, Alachua County Board of County Commissioners and the Alachua County Health Department. Medical care is offered in provider offices, hospitals and by participating laboratories. We Care also offers dental services which are offered in a dedicated clinical setting which is included in the description of the Oral Health Safety Net.

Observations

The population that is uninsured with incomes below 200% of poverty is reasonably expected to rely on the safety net for primary care services. The data collected from providers and shown in this chapter can be used to estimate the percent of the target population served. Using the assumptions described in the Technical Notes at the end of the chapter results in an estimate that the safety net can provide medical care to about one third and oral health to less than 2% of the target population.

Without knowing how many low-income uninsured need behavioral health services it is impossible to estimate the percent of the need that is served by the safety net. The current capacity of the behavioral health system to serve low income uninsured only accommodates about 8% of the low income uninsured population. The data we have from surveys and emergency room use suggests that the current service capacity is insufficient to meet the need.

The future of access to medical and mental health services may be more optimistic than the past due to the Affordable Care Act (ACA), which now appears will be at least partly implemented in Alachua County. In anticipation of the end of CHOICES and the onset of the Affordable Care Act, providers were asked if they would be able to absorb the potential increase of patients. The providers who bill third party payers all said they anticipate the ability to accept additional patients who are covered by a third party payer.

Issues to be addressed in the coming year will be: 1) what will happen if Medicaid expansion is not implemented in Florida; 2) if Medicaid expansion is implemented in Florida what will be the role of safety net providers who do not currently bill for services but rely on public funds; 3) what will be the future of access to oral health services among adults which appears to not have been included in the ACA plan.

Technical Notes

The methodology for estimating the number of low income uninsured was to use the data in Table 1-1 to estimate the number of individuals with incomes below 200% of poverty and the data in Table 2-2 to calculate the number of uninsured. The estimate of low income uninsured used for this estimate was 34,229.

The number of uninsured seen by the medical safety net was done as follows: calculate the average number of visits seen by providers who could report both patients and visits and use this number (3.15) to estimate the number of patients seen by the providers who could only report the number of visits. We then added the total number of patients seen. The estimate of total patients seen was 10,657.

The calculations are based on several assumptions that may or may not be correct. These include: the numbers of patients seen by each provider are only seen by that provider; the Census data would count people enrolled in CHOICES as insured; the number of visits used per person reflects the experience of the providers who could not report the number of patients; and each person should visit a medical provider and a dental provider annually.